	1-	FOR STATE REGISTRAR			NT OF H	E OF MARYLAND BEALTH AND MENTAL HYG ICATE OF DEATH	IENE 8 4 REG NO	1 3	9 3	2
	(TYPE O	EASED NAME FIRST	am	MIDDLE	R	PPEL	20. DATE OF DEATH	2/	184	9.55AM
ı	3. SEX	lale	4. RACE		MONTE	6, 1902	6. AGE (IN YEARS LAST		The International Contract of the In	HOURS MAN.
1	7a. BIR	THPLACE (STATE OR FOREIGN		WHAT COUNTRY? 8		D NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY C	OF DEATH	
4		Maryland	U.S.	A	VIDOWE	D DIVORCED	\wedge	OW	ROL	MD.
1		ly or town of death	(IF NOT IN SUC	HOSPITAL, NURSING THEACILITY, GIVE STREET ADD LOTION NUT	ORESS)	Home	(TYPE OF WORK FOR MOST O Retired			• Transi
1	130 S1	LERESIDENCE (IF NURSING HOLD TATE 1711 COL		GIVE RESIDENCE BEFORE AD 13t. CITY OR TOWN Baltimore		13d. INSIDE CITY LIMITS? YES NO	323 S Col	ZIP CODE	ve., 21	229
1	14. FA1	THER'S NAME FIRST	WIDDLE	LAST		15. MOTHER'S MAIDEN NAM	ME		LAST	
1	16a W	AS DECEASED EVER IN U.S. AS DECEASED EVER IN U	ARMED FORCES?	213 05 92		17. 11. 11. 01010101111	Armstrong pel Jr., 12	200	icott C	ity 2104 ill Rd
		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU: 42 92 IMMED! Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause lost.	SED BY: ATE CAUSE (0) DUE TO, O	R AS A CONSEQUENT	£87	ASCUI			SHU	ATE INTERVAL SET AND DEATH
	CERTIFICATION	PART 2. OTHER SIGNIFICAN		ONTRIBUTING TO DE			20a AUTOPSY?	20b. IF YES, IN CERTIFY	WERE FINDING	F DEATH?
1		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF E	HOUR A.	F INJURY M. MONTH DAY M.	YEAR	21c. HOW INJURY OCCURE	YES NO	YES		NO [
	MEDICAL	VHILE NOT WHILE AT WORK	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, FARA	A, ETC }	21f LOCATION STREET	CHTY OR TO	WN	COUNTY	STATE
		22a. I certify that (1) this has sow the deceased aliver above (1) (we) (did) (and	780	5 1/6 19 8	4,01	nd that in (my) (our) apinion	deoth occurred on the do	21 19 te ond hour o	/	ot (I) (we) lost
		27b. SIGNATURE	Est /	uk		DEGREE ATTENDING PRISICIAN	MEDICAL STAF		220. DATE SI	GNED
		274 PHYSICIAN BRAME ITTE	CRIPINI)			22e ADDRESS				

23c NAME OF CEMETERY OR CREMATORY

BP
DHMH - 16 50M 4/83
(VRA 15, 4)

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physics should be detached for use as the burial-transit permit. Then please remove carbanpaper with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

any injury, ar ather traumotic event,

IMPORTANT: If Hem 21 is marked or Item 18 shows

23a. BURIAL, CREMATION, REMOVAL (SPECIFY)

C remation

14 FUNERAL DIRECTOR
Harry H Witzke 4112 Columbia Rds Ellicott City

Westview Memorial Pk. | Catonsville Balto | 750 DATE REC'D. BY REGISTRAR 350 REGISTRAR'S SIGNATURE | MAY 22 1984 | This Davidson - Andrew Catonsville Balto Md.

23b. DATE

May

23d. LOCATION CITY OR TOWN

Male Naite Nov 6, 1902

Maryland U.S.A.

Columbia Lorden Juraine Home Mattred Balco. Transit

Aultimore x

iaco Franklin - 8 Appel - Iniq-Euma Armströns - lidcott City 21042

213 05 9265 William F Appel 3r., 12237 Carroll Mill Rd

123 S Califor Ave., 21229

U wemailos May 22'84 Mestview Mesoris Fk. Catonsviile Balto Mi.

Harry Witness 411 Columbia Ed Ellicott City

STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HY

DEPARTMENT OF HEALTH AND MENTAL HYGIEN
CERTIFICATE OF BEATH

1 - STATE REGISTRAR	GRACE			CATE OF	MENTAL HYG DEATH	8 4	REG. NO.	3 9	3	3	
DECEASED NAME	Grace	WIDDLE		elanc	hard	20. DATE OF	5 -	10-9	84	335	2
3. SEX	4 R/	ACE	5. DATE O	FBIRTH	YEAR	6 AGE (IN YE	ARS LAST BIRTHDAY]	IF UNDE		HOURS	24 HRS MIN.
Female		White	Sept	-	1896	87	YRS		DATS	HOURS	14/11/4"
. BIRTHPLACE (STAT		ITIZEN OF WHAT COUNTRY?	8 AAA DDIED	☐ NEVER	MARRIED	9 BALTIMO	RE CITY OR COUN	TY OF DE	ATH		
New Y	ork	U.S.A.	WIDOWE		OVORCED	Howa	rd Coun	ty			M
Columbi		NAME OF HOSPITAL, NURSIN OWALD FACTOR GIVESTREET,				LTYPE OF WOR	OCCUPATION K FOR MOST OF WORKING Office	LIFE) IND	kind of USTRY Bank		SS OF
USUAL RESIDENCE (IF NURSING HOME OR OTHE	R INSTITUTION, GIVE RESIDENCE BEFORE		13d INSIDE	CITY LIMITS?	13e STREET	ADDRESS		200	83	2
Marylan				YES 🗌	NO 💢	3617		k He	nry	Dri	ve
A FATHERICALANS				IS MOTHER	C AAAIDENI NIA	ME					

No	IF TES, GIVE WAR OR DATES	134-16-9390	Evelyn	Miller	Same a	ıs #13
18. CAUSE OF DEAT PART I. DEATH W	H (Enter only one cause pe 'AS CAUSED BY: IMMEDIATE CAUSE (a)	SEPTIC SP	lock			APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
Conditions, if any, gove rise to imm	which bi_	R AS A CONSEQUENCE OF URINARY		INFEC	TION	
underlying cause PART 2 OTHER SIGN	last. (c)	ONTRIBUTING TO DEATH BUT N				DN GIVEN IN PART 1(a)

Lizzie

Burdick

STATE

MIDDLE

ADDRESS

CERTIFICATION

Davenport

166 SOCIAL SECURITY NO

THE DATE OF OPERATION	THE CONDITION WINCH OF ENAMON WAS FER TORMED					IN CERTIFYING CAUSES OF DEATH		
				YES 🗌	NO	YES 🗌	NO 🗆	
	LICHE A MA MONITH DA		21c HOW INJURY OCCURRED) (ENTER NA	ATURE OF INJUR	Y IN ITEM 18, PART 1 OR PART 2]		

(IF EITHER, NOTIFY MEDICAL EXAMINER) 211 LOCATION 21e PLACE OF INJURY CITY OR TOWN COUNTY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

NOT WHILE 22a.1 certify that (1) (this hospital) attended the deceased from

saw the deceosed olive on 5 · 4 · abave, (I) (we) (did) (did not) view the body ofter deoth (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 226. SIGNATURE DEGREE

DIRECTOR PHYSICIAN

776 PHYSICIAN'S NAME ITYPE OR PRINT) KRISHNA P. KUHAR COLUMBIA

Cortland Rural Cem. Cortland 23g. BURIAL, CREMATION, REMOVAL SPECIFY. Burial 23c. NAME OF CEMETERY OR CREMATORY 5/13/84 Cortland

DHMH - 16 50M 1/76 (VR A 15 (4))

os the buriol-tronsit permit. Then p th and Mental Hygiene prior to bur

MPORTANT: If Item 21 is morked or Item

should be detached for use as with the State Dept. of Health

TO FUNERAL DIRECTOR:

MEDICAL

certificate has been

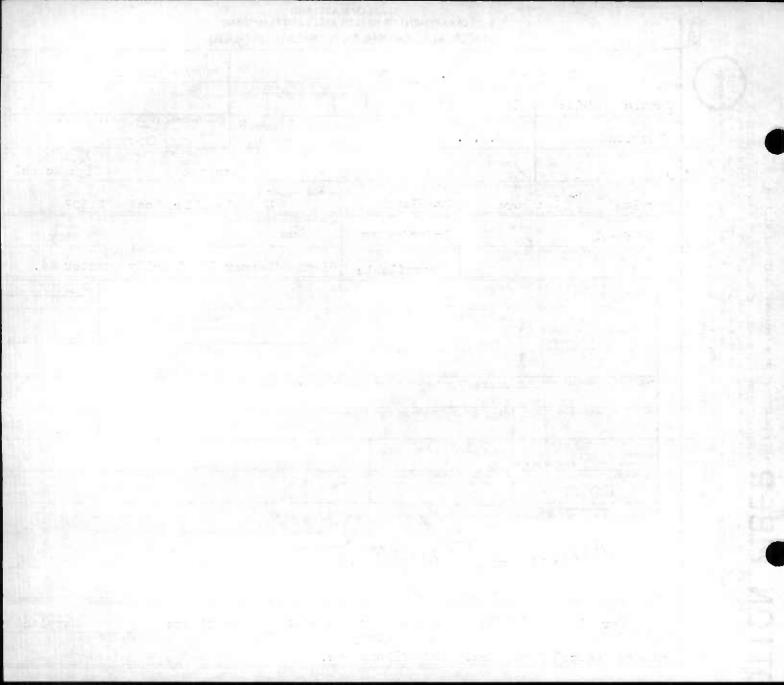
Albert

20M 4/82

STATE OF MARYLAND						
DEPARTMENT OF HEALTH AND MENTAL HYGIENE						
MEDICAL EXAMINER'S CERTIFICATE OF DEATH						

PARIMENT OF HEALTH AND MENTAL HYGIENE		-		. 1
CAL EXAMINER'S CERTIFICATE OF DEATH	REd. NO. 3	4	3	6.

Male White White White Inplace (STATE OR GONCOUNTRY) ATYland FOR TOWN OF DEATH COLLY RESIDENCE (IF IN NURSING OM) THE COLLY RESIDENCE (IF IN NURSING OM) RESIDENCE (IF IN NURSING OM) Ball HER'S NAME	S. DATE OF BIRTH MONTH 12 21 76. CITIZEN OF WH U.S.A 11. NAME OF HOS (IF NOT IN SUCH FA	YEAR 6. AGE (IN YEARS I LAST BIRTHDAY) 4. AGE (IN YEARS BIRTHDAY	LAST LTINGHAM IF UNDER 1 YR. IF UNDER MONTHS DAYS HOURS ARRIED NEVER MARRI DOWED DIVORCE	24 HRS. 24 DATE ROWN OF ESTI- DEATH MATED > 24 HRS. 24 DATE PRONOUNCED DEAD 9. BALTIMORE CITY	MONTH DAY YEAR XX 5-24 19 84 MONTH DAY YEAR 5-29 19 84	
Chr nale White THPLACE (STATE OR GENT COUNTRY) ATYLAND (OR TOWN OF DEATH COTOWN OF DE	S. DATE OF BIRTH MONTH 12 21 76. CITIZEN OF WH U.S. A 11. NAME OF HOS (IF NOT IN SUCH FA	N. Brit 69 6. AGE (IN YEARS) 1 AST BRITDAY) A HAT COUNTRY? 8 M WIE PITAL, NURSING HOME, OR	FUNDER 1 YR. IF UNDER MONTHS DAYS HOURS ARRIED NEVER MARRI DOWED DIVORC	OF ESTI- DEATH MATED > 24 HRS. 2c DATE PRONOUNCED DEAD 9. BALTIMORE CITY	XX 5-24 19 84 MONTH DAY YEAR 5-29 19 84	
Chr A RACE White THPLACE (STATE OR GON COUNTRY) ATYLAND OR TOWN OF DEATH PRESIDENCE (IF IN NURSING COM THE COUNTRY) ATE TYLAND Ball HER'S NAME	S. DATE OF BIRTH MONTH 12 21 76. CITIZEN OF WH U.S. A 11. NAME OF HOS (IF NOT IN SUCH FA	69 69 LAST BIRTHDAY) A HAT COUNTRY? 8 M. WIE	FUNDER 1 YR. IF UNDER MONTHS DAYS HOURS ARRIED NEVER MARRI DOWED DIVORC	24 HRS. 2c. DATE PRONOUNCED DEAD 9. BALTIMORE CITY	MONTH DAY YEAR 5-29 1984	
Male White White White Inplace (STATE OR GONCOUNTRY) ATYland FOR TOWN OF DEATH COLLY RESIDENCE (IF IN NURSING OM) THE COLLY RESIDENCE (IF IN NURSING OM) RESIDENCE (IF IN NURSING OM) Ball HER'S NAME	S. DATE OF BIRTH MONTH 12 21 76. CITIZEN OF WH U.S. A 11. NAME OF HOS (IF NOT IN SUCH FA	69 69 LAST BIRTHDAY) A HAT COUNTRY? 8 M. WIE	FUNDER 1 YR. IF UNDER MONTHS DAYS HOURS ARRIED NEVER MARRI DOWED DIVORC	PRONOUNCED DEAD 9. BALTIMORE CITY	5-29 1984	
IMPLACE (STATE OR IGNICOUNTRY) ATYLAND OR TOWN OF DEATH COLOUTE (IF IN NURSING ADMITTED TO THE COLOUTE (IF IN NURSING ADMITTED THE COLOUTE (IF	12 21 76. CITIZEN OF WH U.S.A 11. NAME OF HOS (IF NOT IN SUCH FA	69 14 YRS. HAT COUNTRY? 8 M WILL PITAL, NURSING HOME, OR	ARRIED NEVER MARRI	DEAD 9. BALTIMORE CITY	5-29 1984	
ATYLAND OR TOWN OF DEATH COTONN OF DEA	U.S.A	M WILL PITAL, NURSING HOME, OR	DOWED DIVORC	ED EL		
OR TOWN OF DEATH Ilicott City RESIDENCE (IF IN NURSING OM ATE ryland Ball HER'S NAME	11. NAME OF HOS	PITAL, NURSING HOME, OR	DOWED DIVORC			
RESIDENCE (IF IN NURSING ON ATE 134 COURSE) TYLAND BA1 HER'S NAME	(IF NOT IN SUCH FA			I HOWALA (County,	
RESIDENCE (IF IN NURSING FOM ATE COUNTY BAT BAT HER'S NAME	1		OTHER INSTITUTION	12a USUAL OCCUPATION (T FOR MOST OF WORKING LIFE)	TYPE OF WORK 12b. KIND OF BUS OR INDUSTRY	
ryland Bal	F OR OTHER INSTITUTION OF	1 Di 10 (& Town &	Student	High Sch	
ryland Bal	INTY	VE RESIDENCE BEFORE ADMISSION)	Country Apts.	13e STREET ADDRESS		
	timore	Woodlawn	YES NO 🖾	3519 Ellen R	oad 21207	
FIRST	WIDDLE	LAST	15. MOTHER'S MAIDE	N NAME MIDDLE	LAST	
Michael		Brittingham			Doty	
	ARMED FORCES? VE WAR OR DATES)	166. SOCIAL SECURITY NO	2. 010		\$\$21043	
NO		Unavailable	Diane O'Co	onnor 12541 Fo	11y Quarter Rd	
18 CAUSE OF DEATH (Enter of PART I DEATH WAS CAUS	only one cause per line				APPROXIMATE IN BETWEEN ONSET A	
	IATE CAUSE (o)	Strangulation	on			
1630		AS A CONSEQUENCE OF				
Conditions, if ony, whice gove rise to immediate	te (b)					
cause (a) stating the <u>unde</u> lying cause last.	DUE TO, OR	AS A CONSEQUENCE OF				
	(c)					
PART 2 OTHER SIGNIFICANT CONDITION	AS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL O	DISEASE OR CONDITION GIVEN IN PAI	RT 1 (g)		
198 DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	N WAS PERFORMED?		20 AUTOPSY?	
					YES XX	
210. EXTERNAL CAUSE WAS	21b. TIME OF	MONTH DAY YEAR	1c. HOW INJURY OCCURRE	D LENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
UNDERLYING ***OR CONTRIBUTING CAUSE O			subject was s	strangled		
VIII. INJURY OCCURRED	21e PLACE (OF INJURY (AT HOME, 21) FORY, FARM, ETC.)	f. LOCATION STREET	CITY OR TOWN	COUNTY	
AT WORK AT WORK	XX	?	?			
22a. I certify that Wook cha	orge of the remains des	cribed obove held an A	utopsy XX. Inspection	n , Inquiry	and in my apinion	
22a. I certify that Urpok charge of the remains described above, held by Autopsy KX. Inspection [, Inquiry [, and in my application of the resulted from Notural courses [], Accided [, Suicide []] Homicide [X], Undetermined manner [],						
NO.		the US	THE (SPECIFY)			
ACTUAL COLLE	uns 7	Xmenno.	MASSISTANT	MEDICAL EXAMINER	DATE SIGNED 5-20	
3.01.011.011.0		. ()			310/100	
	nnis F. Sm	yth, M.D.	ADDRESS	Penn Street		
TIPE OKPKINI)	236. DATE	23c. NAME OF CEMETE	RY OR CREMATORY	23d LOCATION	COUNTY STAT	
TIPE OKPKINI)	6/1/84		k Cemetery	Baltimore	Mary1	
	MINER'S NAME DE	MINER'S NAME Dennis F. Sm	MINER'S NAME Dennis F. Smyth, M.D. CREMATION.REMOVAL 236. DATE 1236. NAME OF CEMETE	MINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 CREMATION, REMOVAL 1736, DATE 1736, NAME OF CEMETERY OR CREMATORY	MINER'S NAME Dennis F. Smyth, M.D. ASSISTANT MEDICAL EXAMINER MINER'S NAME Dennis F. Smyth, M.D. ADDRESS 111 Penn Street CREMATION.REMOVAL 1736. DATE 1736. NAME OF CEMETERY OF CREMATORY 1236. LOCATION	



STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

DHMH

24 FUNERAL DIRECTOR (VR A15 ME (5)) 20M 4/82

250. DATE REC'D. BY REGISTRAR

SIGNED

2d. HOUR

3:44 P M

12b KIND OF BUSINESS OR INDUSTRY

BETWEEN ONSET AND DEATH

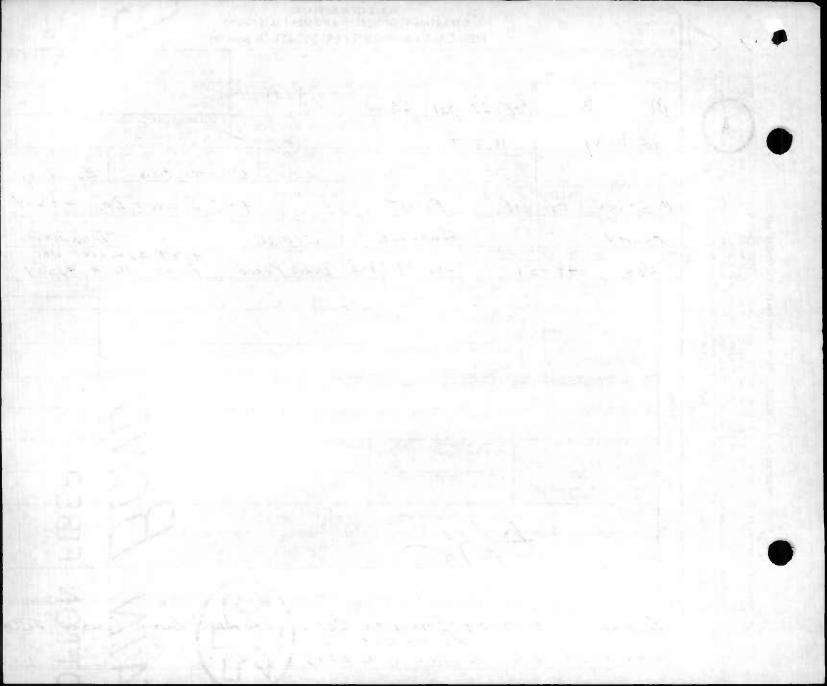
20. AUTOPSY? YES M

5/10/84

NO

STATE

5/9/84



death certificate be executed within 24 hours after death. Page 4 may be

completely

ony injury, or other traumatic event, th

18 shows

1-	FOR STATE REGIS
	EASED De PRINT)
3. SEX	7
9	THPLAC
0	LU
USUĀ I3a. S	RESID

STATE OF MARYLAND D

EPARTMENT OF	HEALTH AND	MENTAL	HYGIENE
CERT	FICATE OF	DEATH	Ö

ı		REGISTRAR		CERTIFICA	ATE OF DEATH	REG.	NO.		
ı		CEASED NAME FIRST	MIDDLE	LAST		20. DATE OF DEATH	MONTH DA	Y YEAR 2	h HOUR
1	. ,	TRA	EDWARD (Jave	Y	mai	11/1	184	10101
H	3. SEX	1	I. RACE	5. DATE OF B	DAY YEAR	6 AGE (IN YEARS LAST			FUNDER 24 HRS HOURS MIN.
1	1	vale 1	Mhite		9 04	/	YRS		
1	Ta. BIR	RTHPLACE (STATE OR FOREIGN 7	6 CITIZEN OF WHAT COUNT	RY? 8	NEVER MARRIED	9 BALTIMORE CITY	OR COUNTY C	OF DEATH	
1	1	MARYLAND	U.S.A.	WIDOWED	DIVORCED [Howa	rg C	eunt	MD.
1	10. CI	TY OR TOWN OF DEATH	1. NAME OF HOSPITAL, NUR	ISING HOME OR C	OTHER INSTITUTION		OF WORKING LIFE)	12b. KIND OF I	BUSINESS OR
	4	Hapid mul	HTWENEY COUNT	Y UFAMEAL	HOSKITTI	Just empl	ayou	BARB	ER
1	130. S	AL RESIDENCE (IF NURSING HOME OF C			INSIDE CITY LIMITS?	13e STREET ADDRES	S / 7IP CODE		
7	1	1D. How			ES NO S	10 1 1	IDEE KI	P. 21	1043
	4 FA	THER'S NAME		15	MOTHER'S MAIDEN NA	ME			
1	-	WILLIAM J	nmes Ci	every	CAKOLIA	MIDDLE		11	VG
1			MED FORCES? 166 SOCIAL SI	ECURITY NO. 17	INFORMANT	ADI	RESS OF A	LEMSAN	VT VALUEY.
ı	17	1/8	213-6	3-0759 3	Sylvia C. Sh	eppard	CATENSU	1115 N	702122
١		18. CAUSE OF DEATH (Enter only	y one couse per line for (o), (b)	ond (cl.)		1/		APPROXIMA BETWEEN ON	ATE INTERVAL ISET AND DEATH
ı		PART I. DE ATH WAS CAUSED IMMEDIATE		ar al	121				+25
i		4/40	DUE TO, OR AS A CONSE	OUENCE OF		4.			1
		Conditions, if ony, which	(b) Ulintr	(u Day	- arrhyt	thmia		Nim	itis
ı		gove rise to immediate couse (a), stating the	DUSTO OD AS A COMOS	OUENICE OF					
ı		underlying couse lost.	DUE TO, OR AS A CONSE		stery dis	1.80-42		year	-5
ļ		PART 2 OTHER SIGNIFICANT CO	(0)		T PELATED THE TERM	INAL DISEASE OR CO	NDITION GIVE	N IN PART 1 In 1	
ı	Z			0	6. 0 -	abetis: C	المار مرمد	choas	+ falur
-	ATIC	190 DATE OF OPERATION	TIPL CONDITION FOR WH			20a AUTOPSY?	70b. IF YES.	WERE FINDING	S USED
	FIC	DATE OF GLERATOR					IN CERTIFYI	ING CAUSES O	F DEATH?
4	CERTIFICATION	21a. ACCIDENT WAS UNDERLYING	216 TIME OF INJURY	12	It HOW INJURY OCCURE	YES NO			NO []
		OR CONTRIBUTING CAUSE OF DEATH	LICUID A M. MONITH	DAY YEAR	K 110 W M JOK! OCCOR	(ENIER MATURE OF	CONT IN TIEM TO TAK	11 1 On CART 27	
	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) 216 INJURY OCCURRED	P.M.	19	f LOCATION				
	MED	WHILE NOT WHILE	21e PLACE OF INJURY (AT HOME STREET, FACTORY OFF		STREET	CITY OF	TOWN	COUNTY	STATE
		AT WORK			21			24	
		22a I certify that this hospita	45)	S G	19 0 4		. 15		ot (I) (we) fost
		saw the deceased alive on obove, (I) (we) (did (did not	griour the body ofter death.	y, ond t	hat in (my) (our) opinion	death accurred on the	dote and hour	and from the ca	uses stated

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and co should be detached for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept, of Health and Mental Hygiene prior to burial, cremation, ar remaval. TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the hospital or attending physician IMPORTANT: If Item 21 is marked DHMH - 16 50M 4/83 (VRA 15, 4)

23a. BURIAN

OR CREMATORY

22e ADDRES

DEGREE

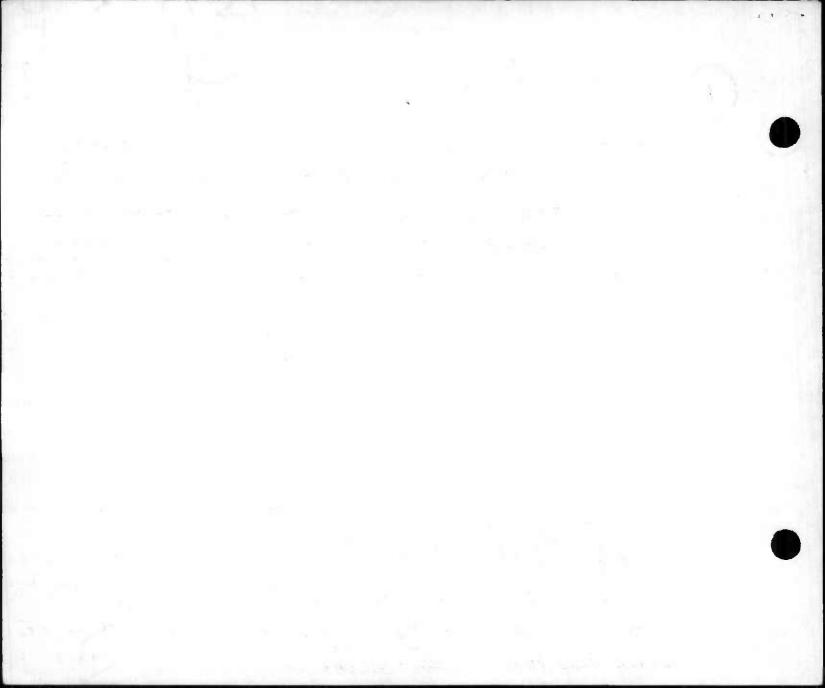
ATTENDING PHYSICIAN

LICOTT

MEDICAL

DATE SIGNED

STAFF
PHYSICIAN



OF ATTENDING PHYSICIAN, The law inquires that the death certificate be executed within 24 hours

etomed by the hospital or attending physician

TO HOSPITAL

BP.

DHMH - 16 50M 1/81 (VRA 15, 4)

Harry H Witzke 4112 Columbia Rd

TO FUNERAL DIRECTOR, when the centricate has been ligned by the attending physician and campletely filled in by the strandard be used as the burial straint permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the State Dept. of Health and Amental Hyperie prior to burief, cremation, or removal.

- STATE REGISTRAR 1. DECEASED NAME		DEPARTM		OF MARYLAND ALTH AND MENTAL HY	GIENE	. "7 ()	7 7
1 DECEASED NAME		DEI ARTIN		CATE OF DEATH	8 4	1 3 9	3 /
	FIRST	WIDDIE	LA	51	REG. NO		AR 2b HOUR
(TYPE OR PRINT)	ames	S	Cla	rk	Ma	4 23 19	84 10:2
3. SEX	4. RACE	/	5. DATE OF	BIRTH	6 AGE (IN YEARS LAST BIRT		
1 M		W.	arai	P 18 1902	82	YRS.	AYS HOURS
THE BIRTHPLACE (STATE)	DR FOREIGN 76 CITIZEN C	OF WHAT COUNTRY?	MARRIED	NEVER MARRIED	9 BALTIMORE CITY OF	R COUNTY OF DEATH	н
Baltimore	Md.		WIDOWED	DIVORCED [HowardCo		
Ellicott (45 107 11	OF HOSPITAL, NURS INC SUCH FACILITY, GIVE STREET A			12a USUAL OCCUPATION	WORKING LIFE) INDUST	ID OF BUSINES:
	3923 URSING HOME OR OTHER INSTITUTI	St Johns L		21043	Self employ	ed Opt	tician
13a. STATE	136 COUNTY	13c. CITY OR TOWN	٧ . ا	13d. INSIDE CITY LIMITS?	13e. STREET ADDRESS	- 14 W State	210/2
Maryland M. FATHER'S NAME	Howard	Ellicott		YES NO MAIDEN NA	3923 St Jo	uns Lane	21043
late James	S Clark	LAST		late Mamie	110011		LAST
	ER IN U.S. ARMED FORCES		RITY NO.	17 INFORMANT	ADDRES	SS	
(YES, NO OR UNKNOWN)	(IF YES, GIVE WAR OR DATES	218 32 2	311	Mrs Cora Cla	rk 3923 ST J	Johns La El	llicott
	GNIFICANT CONDITIONS	CONTRIBUTING TO D	heath But N	NOT RELATED TO THE TERM	Ma ALITOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAU	NDINGS USED USES OF DEATH
21a. ACCIDENT WAS		OF INJURY		21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY	YES TO THE TEN TO PART TO PART	NO [
00.00.00.00.00.00.00	J CAUSE OF BEATH	A.M. MONTH DA	Y YEAR				
21d INJURY OCCL	JRRED 21e. PLAC	CE OF INJURY STREET, FACTORY, OFFICE, FA		211 LOCATION STREET	CITY OR TOW	vn COUNIY	STAT
	(I) (this period) ottended		OH	, 19 74	_, to May	23 19 8	C, that (1) (
saw the dece	did to view the be			that in (my) (a prinion	death occurred on the dot		
abave, (1)	1.1	Mck	6	ATTENDING	MEDICAL STAFF		ATE SIGNED
abave, (I) (1) 22b. SIGN / VRE	11/1/1-16	11/2/	17		DIRECTOR PHYSICI	AN L 5-	23-84
22b. SIGN VRE	NAME (TYPE OR PRINT) On McKay M.D.			22e ADDRESS	lling Road R	alto Md	21220
22b. SIGNATURE 27d. FHASICIAN'S Ne1s	on McKay M.D		AME OF CE		ling Road Ba	alto. Md.	21228
27b. SIGN TURE 27d. FHY SICIAN'S Ne1s	on McKay M.D	23c. N		1132 N. Rol	23d. LOCATION CITY OR TOWN	alto. Md.	STAT

A THE SECOND STATES					
	Lien Ri				d.
Vűsuro Virtis od	2		0.8.4.	.m.	0101151
Self employed Optician	.lmc	anal amfo	3923 86 3	Jac	3505111.
3923 St Journs Lane 21043	u u				Macyland late James
		gi A.			
Physical Dalto Parpland	9: £ î	l bium see	Hay 26. 1		Tel 1112
	t CARy	sootlig In	2 Columbia	lu ma	M H VIIII

1				STATE	OF MARYLAND					
	FOR STATE REGISTRAR			CERTIF	CATE OF DEATH	1	B 4 REG. NO		9 3	3 8
	CEASED NAME E OR PRINT)	FIRST	MIDDLE	L/	.51	2o. E	DATE OF DEATH	AONTH DAY	YEAR	26. HOUR
		Panes	ALBERT		ON		5/22/84			G P
3. SE	m	4. RAC	C.	5. DATE O	F BIRTH DAY YEAR		GE" (IN YEAR'S LAST BIRTI	MON YRS.		HOURS MIN.
70. B	IRTHPLACE (STATE OF	FOREIGN 7b. CIT	USA	MARRIE	NEVER MARRIED	9. BA	ALTIMORE CITY OF	COUNTY OF		
10 0	ITY OR TOWN OF DE	ATH 11. N	IAME OF HOSPITAL, NURS	ING HOME O		N 12a.	USUAL OCCUPATION OF WORK FOR MOST OF	N	12b. KIND OF INDUSTRY	BUSINESS OF
16/	LAVREL		05-10-01	LD F	RTE 21	/ 4	PERATOR		FILTI	RATION
130.	STATE	13b. COUNTY	INSTITUTION, GIVE RESIDENCE BEFO 13c. CITY OR TO'	WN	13d INSIDE CITY LIMI		STREET ADDRESS /			14
2 14.E	ATHER'S NAME	MIDDLE	LAST		15. MOTHER'S MAIDE	EN NAME	MIDDLE		LAST	
0	James	ALBER	T (00)	N	KATHER	ME	BELL	5	STOR	EY
	WAS DECEASED EVEL	(IF YES, GIVE WAR	OR DATES)	URITY NO.	17 INFORMANT	-	ADDRES	7	4	
	YES, NO OR UNKNOWN)	ww	2 215-14-	7502	WIFE -	- FRA	INCES C	00N -	H6	OVE
CERTIFICATION	PART 2. OTHER SIG	e lost NIFICANT COND	(c) ITIONS CONTRIBUTING TO S. CONDITION FOR WHICE	DEATH BUT			DISEASE OR COND	20b. IF YES, W	ÆRE FINDING	OF DEATH?
E			16. TIME OF INJURY		Tal How allies o		ES NO	YES [NO B
1.0	210. ACCIDENT WAS UN OR CONTRIBUTING [CAUSE OF DEATH	HOUR A.M. MONTH	DAY YEAR	21c. HOW INJURY O	CCORRED	ENTER NATURE OF INJUR	FINITEM IS PART	TORPART 2)	
MEDICAL	21d. INJURY OCCUP	MILE (I e. PLACE OF INJURY AT HOME, STREET, FACTORY, OFFICE	, FARM. ETC)	211 LOCATION STREET		CITY OR TOV	/N	COUNTY	STATE
10	7-		tended the deceased from	9	19	82	to5/	199	57H	net (I) we) lo
	sow the deceo	did) did not) view	the body after death.	84. on	d that in (my) (our) of	pinion death	occurred on the do	te and hour an	ed from the co	ouses stated
	22b. SIGNATURE	11	70	Į.	DEGREE	h10 44	FEICAL STAF		22c DATES	IGNED
	E	ugs	larle un	ь			RECTOR PHYSIC		5/23	184
4	22d. PHYSICIAN'S N	AME THE CHAPTER			22e ADDRESS					21
	EVELY	N BAC	son wo		30.			CLARK	SVILLE	mo
230	BURIAL, CREMATION	REMOVAL 236	DATE 230	15	ANUS C	TORY 2	SIL LOCATION CHY, OR TOWN	KSVIC	OUNTY	MSTATE)
3 24 F	UNERAL DIRECTOR	7.10	177 2011/14	- PIN	- 25	So. DATE REC	D. BY REGISTRAR	Sh. REGISTRAF	R'S SIGNATU	IRE
1	NAME NO	ad Fin	MEDAL ADDRESS	uch.	SUREL M	ay 31	100A 4W	a Davidso	n-Rand	De !

The state of the s MARKET COLOR STATE OF THE STATE MAY 37 COL STANDARD STANDARD

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4 may be

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and completely filled in by the should be detached for use as the burial-transit permit. Then please remove corbonopers. Pages 1 and 2 should be filled with with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

IMPORTANT: If Item 21 is marked or Item 18 shows any injury, or other traumatic event, the medical exam

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STATE OF MARYLAND

4	1	3	9	3
REG	G. NO.			

	CERTIFICATE OF DEATH	REG. NO.	7 0 .
oseph Kreigh Cush	wa.	May 3, 1984	YEAR 2b. HOUR
4 RACE White	5. DATE OF BIRTH MATCH 1, DAY 1900 AR	84	IDER I YEAR IF UNDER 24 HRS. HS DAYS HOURS MIN.
76 CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED WIDOWED DVORCED	BALTIMORE CITY OR COUNTY OF HOWARD County	DEATH
9103 FH TOWN &	Country Blvd. 21043		Zb. KIND OF BUSINESS OR NDUSTRY
vard Efficet	City 13d INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA		ntry Blvd.
		ADDRESS	
TOURDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	200 AUTOPSY 20b. IF YES, WE IN CERTIFYING	RE FINDINGS USED CAUSES OF DEATH?
DEATH HOUR A.M. MONTH DA	19 211 LOCATION	RED (ENTER NATURE OF INJURY IN ITEM 18, PART I (ORPART 2)
spital attended the deceased from_	14/23 19 82	deoth occurred on the date and hour and	that (I) (we) los
	TARMED FORCES? ONLY ONE CONTRIBUTION FOR WHICH IT CONDITIONS CONTRIBUTING TO LET CONDITION FOR WHICH LET CONDITION FOR	ARMED FORCES? GIVE WAR OR DATES) DUE TO, OR AS A CONSEQUENCE OF JUSCA STATES OF WHICH OPERATION WAS PERFORMED DUE TO, OR AS A CONSEQUENCE OF JUSCA STATES OF HOSPITAL OF THE TERM ARMED FORCES? GIVE WAR OR DATES) DUE TO, OR AS A CONSEQUENCE OF JUSCA STATES OF THE TERM J	Description of what country? If ace white State of Birth May 3, 1984 If ace white State of Birth March 1, 2000 are state and the state of the stat

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retained by the haspital or attending physician.

DHMH - 16 50M 1/81 (VRA 15, 4)

Harry H Witzke 4112 Columbia ADDRESS Ellicott City

Catonsville Balto., Md.

Westview Memorial Pk Co 884 Julia Davidon



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	Il. Pop	
DIVISION OF VITAL RECORDS, 201 W. TRESTON ST., BALLIMORE, MARITAND 21201	TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often with Paretoined by the hospital or attending physician.	
	TO HC	

STATE OF MARYLAND

EPARTMENT	OF HEA	LTH	AND	MENTAL	HYGIENE
CFI	RTIFIC	ATF	OF	DEATH	1

1	- STATE REGISTRAR	DEPARTM		ICATE OF DEATH	B 4 REG. N	5	7 "	1 0
	ECEASED NAME FIRST PE OR PRINT) Esther V.	Dayton	1	LAST	May 20.	MONTH DAY	YEAR	2b HOUR
3. SE	Female (RACE White	5. DATE C	DE BIRTH 12. 1900	6 AGE (IN YEARS LAST BIR	YRS	1.00	IF UNDER 24 HRS HOURS MIN,
H	loward County	U.S.A.	WIDOWE		BALTIMORE CITY O		EATH	MD
6	Columbia	1. NAME OF HOSPITAL, NURSIN LOTION NUTSING	Home	or other institution	120 USUAL OCCUPAT		b. KIND OI IDUSTRY	F BUSINESS OR
130	JAL RESIDENCE IF NURSING HOME OR O STATE Iaryland Howar	ther institution, give residence before 13c. CITY OR TOWI	4	13d. INSIDE CITY LIMITS? YES NO	13e. STREET ADDRESS 6882 Havi	and Mill	L Rd	21029
	ather's NAME ate Charles Hill	IDDLE LAST		15. MOTHER'S MAIDEN NA. late 'Mary I			LAS1	ī
	WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) IIF YES, GIVE	ED FORCES? 166 SOCIAL SECUI 217 32 1		17. INFORMANT Mrs Colleen M	larrow 6882		Mil	1 Rd
	18 CAUSE OF DEATH (Enter only PART I, DEATH WAS CAUSED IMMEDIATE	1 -/-	Cana	er Motesteti	C		APPROXI BETWEEN C	MATE INTERVAL ONSET AND DEATH
F	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUE	nce of	4 18				
	couse (o), stoting the underlying couse lost	DUE TO, OR AS A CONSEQUE						
NOL		onditions <u>contributing to d</u>			The Alexander			
CERTIFICATION	19a. DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATIO		200 AUTOPSY? YES NO	20b. IF YES, WER IN CERTIFYING YES	CAUSES	
	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH LIFE EITHER, NOTIFY MEDICAL EXAMINER)	21b. TIME OF INJURY HOUR A.M. MONTH DA P.M.	Y YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 O	RPART 2)	
AEDICAL	21d INJURY OCCURRED	21e. PLACE OF INJURY	ARM. ETC 1	211 LOCATION STREET	CITY OR TO	wn c	OUNTY	STATE

NOT WHILE AT WORK

220.1 certify that (I) (this hospital) attended the deceased from 19_ , that (1) (we) lost to sow the deceased alive on obove, (I) (we) (did) (did not) view the body ofter death. ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22b. SIGNATURE DEGREE 22c. DATE SIGNED

ATTENDING PHYSICIAN 226. PHYSICIAN'S NAME (TYPE OPPRINT) 22e. ADDRESS

231. NAME OF CEMETERY OR CREMATORY 23b. DATE

23a. BURIAL, CREMATION, REMOVAL 1984 May St Paul's

23d. LOCATION
CITY OR TOWN
Fulton Maryland BY REGISTRAR 256 REGISTRAR'S SIGNATURE 25a. DATE REC'D. wia Davidson

STATE

MEDICAL STAFF
DIRECTOR | PHYSICIAN

Harry H Witzke 4112 Columbia Rd Ellicott City

DHMH - 16 50M 1/81 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and computers should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, and 2 with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

injury, or other froumotic event, the

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MPORTANT: If Item 21 is marked or Item

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y tager	late Har	in.	Lice Charles Hil
n Marrow 6082 Maylland Mill Ed	1972 Trs Collon	C. VII	¢γ.

ortini | Toy 23, 1984 St Paul's

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10 HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter deoth. Page 4 may etoined by the haspital ar ottending physicion.	TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in the time formers and the state of th	should be detached for use as the bottatiffalist perior to burial, cremotion, or remard.
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injury, or ather traumotic event, the

MPORTANT: If them 21 is marked or Item 8 shave

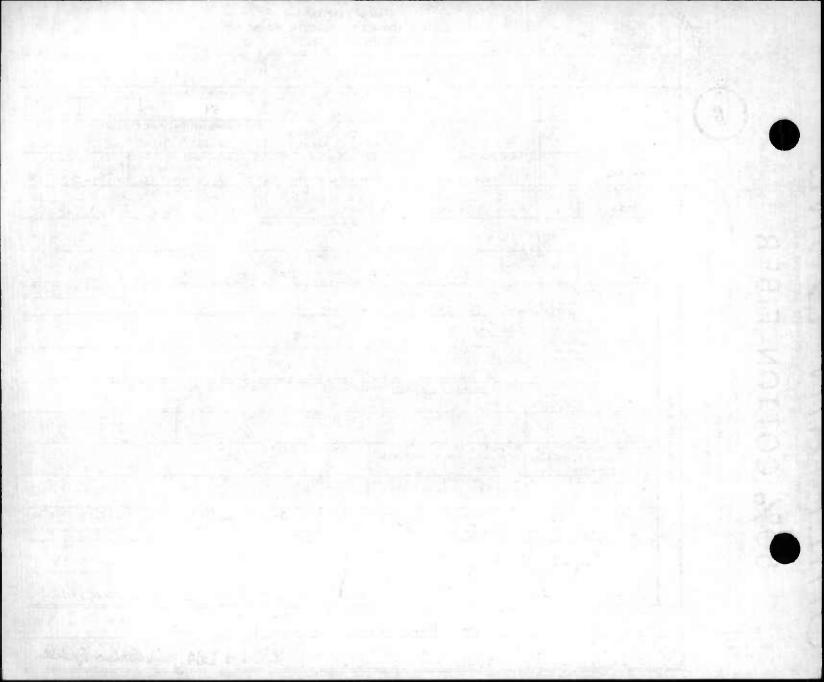
STATE OF MARYLAND

1.	FOR STATE REGISTRADONA	LD J.	DESP			EALTH AND MENTAL HY	GIENE	REG. N	0.	3 9 6	4 1
	CEASED NAME	FIRST	A	AIDDLE	L	AST	20. DATE OF	DEATH	MONTH I	DAY YEAR	2b HOUR
(TYP	E OR PRINT)	DONAL		7	DES	SPRES	1		MAY	11 1984	345/AM
7 SE	×	4. F	RACE		5. DATE C		3 6. AGE (INY	EARS LAST BIR		AONTHS DAYS	IF UNDER 24 HRS
	MALE			372	06			40	YRS		MIN.
	IRTHPLACE (STATE OR FI	OREIGN 7b.		WHAT COUNTRY?	MARRIE!	NEVER MARRIED	9 BALTIMO	_			
	anada	100	U.S	.A.	WIDOWE		How.	ard	Count	y	MD.
10. C	ITY OR TOWN OF DEA	TH 11.		OSPITAL, NURSIN		OR OTHER INSTITUTION	120 USUAL C		ION DE WORKING LIE		F BUSINESS OR
0	ownBIA		How ARE		4 49	WERAL HOSPIT			POCIATE		PHONE CO.
	AL RESIDENCE (IF NURSI STATE Md.		ER INSTITUTION.		DMISSION)	13d INSIDE CITY LIMITS? YES NO	13e. STREET /		Derp	Calm	21045
14 F	ATHER'S NAME	MIDI	N.F.	LAST		15 MOTHER'S MAIDEN N	AME	MIDDLE		LAS	
	Eric	G.		Despr	es	Margar	et	G.		Gouy	etch
160 \	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SECU		17 INFORMANT		ADDRI	ESS		
(YES NO OR UNKNOWN)	(IF YES, GIVE W.	AR OR DATES)	264-72	-9543	Claire De	spres	Sa	me as	# 13	
NOI	Conditions, if ony, gove rise to imm couse (o), stoting underlying couse	nediote g the lost	DUE TO, OF	RESPIRATOR RAS A CONSEQUE LYMPHOM RAS A CONSEQUE INTRIBUTING TO D	NCE OF	NOT RELATED TO THE TER	MINAL DISEASE	E OR CON	DITION GIV	EN IN PART 110	,
CERTIFICATION	190 DATE OF OPERAT	ION	196 CONDI	TION FOR WHICH	OPERATIO	n was performed	200 AUTO	PSY?	IN CERTIF	, WERE FINDIN YING CAUSES	IGS USED OF DEATH?
	210. ACCIDENT WAS UND OR CONTRIBUTING C	AUSE OF DEATH	216. TIME OF HOUR A./	M. MONTH DA	Y YEAR	21c. HOW INJURY OCCU	1				
MEDICAL	21d. INJURY OCCURR WHILE NOT WH AT WORK AT WOR	ILE	21e. PLACE ((AT HOME, STR	OF INJURY EET, FACTORY, OFFICE F		21f LOCATION STREET		CITY OR TO)WN	COUNTY	STATE
	220.1 certify that (1) saw the decease above, (1) (ve) (d				54 , or	nd that in (my) Companion	, , , ,	M#Y d on the d	ote and hou	,	that (1) e last couses stated
	226. SIGNATURE	pud 1	Zielor		Mi	DEGREE ATTENDING PHYSICIAN	MEDICAL DIRECTOR [STA		5. /	SIGNED
	LEONARD		LORY	N.S.	M.5.	220. ADDRESS 688 CONCEA	TO LAN	E (7	(WEN	Serva	Md. 20205

230 BURIAL, CREMATION, REMOVAL Burial RY 23d LOCATION CITY OF TOWN OWINGS 23c. NAME OF CEMETERY OR CREMATORY 23b. DATE Md. Mills 5/14/84 Garrison Forest Leory M. Russell C. Witzke Funeral Home AY 1 BY REGISTRAR 25%, REGISTRAR'S SIGNATURE
4 1984 Julia Daindon Rendale

DHMH-16 30M 2/80 (VRA 15, 4)

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ond 2 sho TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and c should be detacked for use as the burial-transit permit. Then please remove carbonpapers. Pages with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal. MPORTANT: If Item 21 is morked or Item 18 spews ony injury, or other troumotic event, th

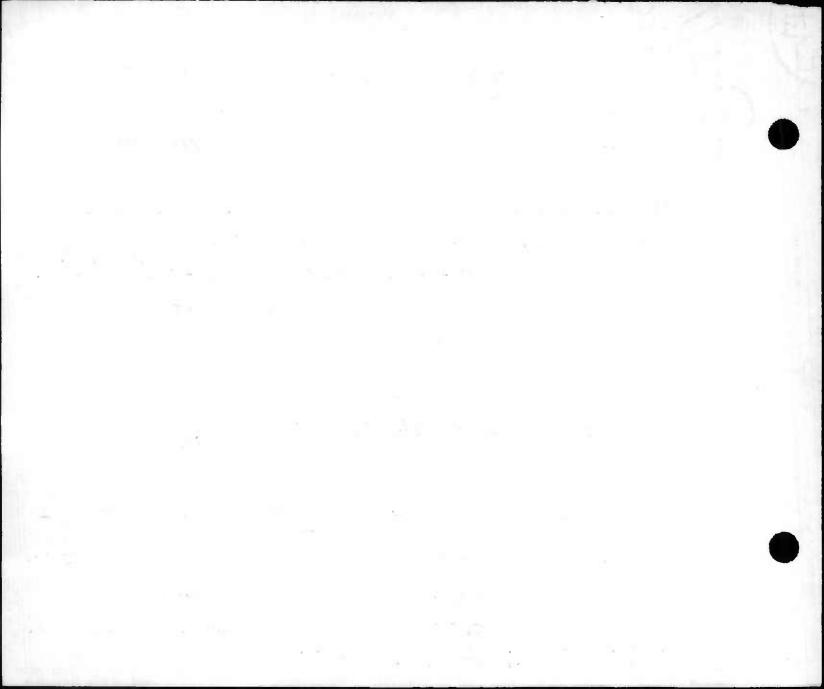
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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF DEATH

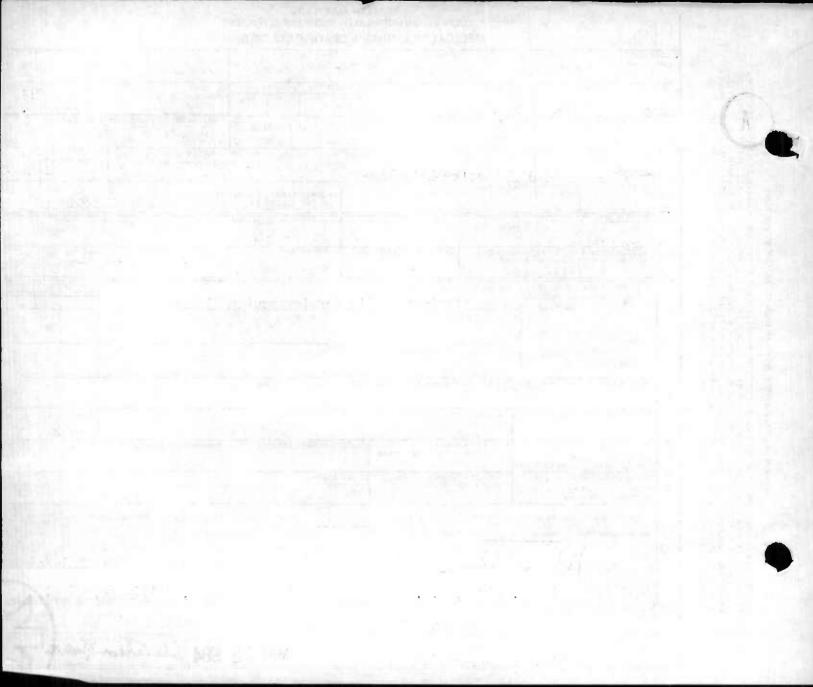
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"]	STATE REGISTRAR			CERTIF	ICATE OF DEATH	REG. NO	D.		
				DINKI	JEŘ	20. DATE OF DEATH	5 ZZ	84 26 F	HOUR
3. SE)	Female	2. RACE CUhit	e			6 AGE (IN YEARS LAST BIRT			NDER 24 HRS
		76 CITIZEN OF W	HAT COUNTRY?	MARRIE			_	EATH	MD.
Co	lumbia	HOW O	FACILITY GIVE STREET	address)	y General	TYPE OF WORK FOR MOST O	F WORKING LIFE) IN	DUSTRY	SINESS OR
13a. S We	st Virginia Aber	keley	13c, CITY OR TOW	/N	13d INSIDE CITY LIMITS? YES NO 🕰		ZIP CODE 158 SP4	2540	199
/	Earl Dou	ıglas			Lydia	Belle			0407
NO	Conditions, if ony, which gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQU	ENCE OF	Carlard NOT RELATED TO THE TERM			PART Ira	
TIFICATI	190 DATE OF OPERATION 5 - 2 - 84	196 CONDIT	/		NW AS PERFORMED	200 AUTOPSY?		CAUSES OF D	
MEDICAL CER	OR CONTRIBUTING CAUSE OF DEA	HOUR A.M P.M 21e PLACE O	A. MONTH D A. DEINJURY	19	211 LOCATION STREET				STATE
	saw, the deceased alive on	5/21	19		DEGREE ATTENDING	MEDICAL STAF	F	22c. DATE SIGN	IED
			VOMI	D	Eolum	6, a, m	d		
L '	Cremation	May 23			ew Memorial				STATE MD
	WEDICAL CERTIFICATION MEDICAL CERTIFICATION MEDICAL CERTIFICATION	REGISTRAR 1. DECEASED NAME FIRST SARAH 3. SEX	REGISTRAR 1. DECEASED NAME SARAH SARAH FRANC 3. SEX Emale 1. RACE CULITY TO BIRTHPLACE (STATE OR FOREIGN West Virginia 10. CITY OR TOWN OF DEATH COUMDIA USUAL RESIDENCE (IF NURSING HOME OBUTHER INSTITUTION, OR USUAL RESIDENCE (IF NURSING HOME INSTITUTION, OR USUAL RESIDENCE (IF NOT INSTITUTION, OR USUAL RES	REGISTRAR 1. DECEASED NAME SARAH FRANCES 3. SEX	REGISTRAR I. DECEASED NAME SARAH FRANCES DINKI 3. SEX Emale Guhite Guhite	REGISTRAR IDECEASED NAME (TYPE PARTY) SARAH FRANCES DINKLER 3. SEX Hemale 16. BIRTHPLACE SARAH FRANCES DINKLER 17. DATE OF BIRTH MORNIT MARRIED MARRIED	REGISTRAR CERTIFICATE OF DEATH TO DEATH	REGISTRAR IDECEASED NAME INSTANCES DINKLER 1. BAIL DATE OF DEATH MONTH DAY SARAH FRANCES DINKLER 1. BAIL DATE OF DEATH MONTH DAY TO YES TO Y	REGISTRAR CREATED MADE 1801 MODEL MOD

DHMH - 16 50M 4/83 (VRA 15, 4) LETER PRECIER Russell C. Witzke Funeral Homes P.A. 250 DATE REC'D. BY REGISTRAR'ZS, RE



	1-	FOR STATE REGISTRAR			EPARTMENT O	FHEALTH	AARYLAND I AND MENTAL H CERTIFICATE O		REG. NO.	4 3	
2492		CEASED NAN E OR PRINT)	Matthew	М	wrry	Do	rsey	20. DATE K OF DEATH A	ESTI-	13 ₁₉ 84	26. HOUR
PRESTON STREE	10	REPLACE (White	5. DATE OF BIRTH DAY Oct. 4, 19 7b. CITIZEN OF WHA	YEAR 6. AGE (IN LAST BIRT)	YEARS IF UNHDAY) MONTH	IDER 1 YR. IF UNDER	PRONOUNC DEAD	MONT 5 DRECITY OR COU	13 ₁₉ 84	P. M
D 3 TO THE FAIN PAGE A LID BE FILED CORDS SOL		IL RESIDENCE	Columbia OME OF COUNT	0238 Wes!	LITY, GIVE STREET ADDRESS EY Leigh RESIDENCE BEFORE ADMIS 13L. CITY OR TOWN	Road SSION)	er institution	120 USUAL OCCUPA FOR MOST OF WORKI ROO fer	ATION (TYPE OF WOR	Cons	struct
PAM 3 REVINO 2 SECTION OF THE PAM 3 REVINO 2 SECTION OF THE PAM 3 REVINO 3 SECTION OF THE PAM 3 SECTION OF T	34. F#	ryland THER'S NAM FIRST Lter D	E	nce Geroge	s Bowie		YES NO KI	MID	uidge Rac Brunne	LAST	
S. GIVE PAGES 1, WITH FORM PM. T. PAGES 1 AND DIVISION OF VI	16a V	VAS DECEASE ES, NO, OR UNKN	D EVER IN U.S. ARM OWN) (IF YES, GIVE V 1945	VAR OR DATES)	16b. SOCIAL SECUR 215 20 3		Susan Sou	9074	ADDRESS Scaggsvil . Marylo	lle Rod	
PENDING" IN PENCIL IN ITEM I MEDICAL EXAMINER ALONG AS A BURIAL - TRANSIT PERM ASTIT AND MENTAL HYGIENE CREMATION, OR REMOVAL.	NO	Candition gave or cause (c lying ca	ons, if any, which ise to immediate stating the under- use last.	CAUSE (a) AT DUE TO, OR A (b) DUE TO, OR A	S A CONSEQUENC	E OF	Cardiovasc		se		
WORD "PER E CHIEF M BE USED A NT OF HEA BURIAL, C	CERTIFICATION	19a. DATE O	POPERATION	19b. CONDITIO	ON FOR WHICH OP	ERATION W	AS PERFORMED?			20. AUTOPSY	NO []
WRITING THE WARDED TO THE AGE 3 SHOULD B ATE DEPARTMEN 1201 PRIOR TO B	MEDICAL CER		AL CAUSE WAS G OR ING CAUSE OF D OCCURRED NOT WHILE AT WORK	P.M.	NJURY MONTH DAY YE 19 FINJURY (ATHOME, RY, FARM, ETC.)	21f. LO	OW INJURY OCCURRE CATION treet	D LENTER NATURE OF INJUING THE PROPERTY OF THE		COUNTY	STATE
EXECUTE THE CERTIFICATE, PAGE 4 SHOULD BE FORW TO FUNRAL DIRECTOR: PA AFTER DEATH, WITH THE SIX BALTIMORE, MARYLAND, 2	23a.B	death resul ACTUAL SIGNATURE EXAMINER'S (TYPE OR PR	ted fram: Nature	M. Dixon	Accident ,	Suicide	Hamicide TITLE (SPECIFY) DASSISTANT ADDRESS 111 Pe	MEDICAL EXAMII	NER DAT SIG	TE 5/14/	1.33.2
DHMH - 17 (R A15 ME (5)) 20M 4/82	24. FI	Burial UNERAL DIRE	CTOR	May 17,19 & Home, Lo		terans	250. DATE	DEC'D BY DECICED AD	ille, Md 1350 REGISTRAR Juha Davida		



TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral directia: should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be filled within 72 hours after with the State Dept. of Health and Mental Hygiene prior to burial, cremotian, ar removal.

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injury, or other troumatic event.

MPORTANT: If them 21 is marked on them 18 shows any

STATE OF MARYLAND FOR STATE

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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ı	REGISTRAR		CEKITF	CATE OF DEATH	REG. N	o.		
1	1. DECEASED NAME FIRST	MIDDLE	D	NST .	20. DATE OF DEATH	MONTH DAY Y	EAR 26. HOUR	
V	ADDISON A	nckinley.	J) UF	(ES	A 2	5-17-8	34161-	DM
ſ	3. SEX 4	RACE	5. DATE O	F BIRTH DAY YEAR	6 AGE (IN YEARS LAST BIR		YEAR IF UNDER 2	HRS MIN.
1	MALE	BLACK	4	00 11	73	YRS.	DAIS TOOKS	period.
A	70. BIRTHPLACE (STATE OR FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8.	NEVER MARRIED	9. BALTIMORE CITY O	_	тн	
l	Georgia	USA.	WIDOWE		Howard Co	ounty,		MD.
1	10 CITY OR TOWN OF DEATH	I. NAME OF HOSPITAL, NURS IN		ROTHER INSTITUTION	12a USUAL OCCUPAT		IND OF BUSINES	SS OR
K	columbia MU:	Howard Guny	Hene	ual TIUSP	Steel Wa	orken. S	steel.	
1	USUAL RESIDENCE (IF NURSING HOME OR OR 130, STATE 13b COUNT			13d INSIDE CITY LIMITS?	13e. STREET ADDRESS	. 0	210	46
1	Haryland Ho		bia	YES NO	6157 Shi	ring Koc	K	
	14 FATHER'S NAME	LAST		15 MOTHER'S MAIDEN NAM	WE MODIE		LAST	
4	William	1. Duk	e5	Jusanna	/.	120	ese.	
1	160 WAS DECEASED EVER IN U.S. ARM (YES, NO OR UNKNOWN) (1E YES, GIVE	MED FORCES? 16b. SOCIAL SECU	RITY NO.	17. INFORMANT	Laughter ADDRE	1505/5	. 0 1	
ŀ	NO I	20601	1104	Iressa Wil	liams - 6	1575 min	uz rock	
1	18. CAUSE OF DEATH (Enter Only PART I. DEATH WAS CAUSED	one couse per line for (a), (b), and BY:	C CNC	CALMAD MET	2 aransa	Course of	PPROXIMATE INTERV	DEATH
١	10 MMEDIATE	CAUSE (0)	CAR	CHVOINT, WILL	DIM		725	
	1020	DUE TO, OR AS A CONSEQU	ENCE OF					
1	Canditians, if any, which gave rise to immediate	(b)						
1	underlying cause last.	DUE TO, OR AS A CONSEQUI	ENCE OF					
1	PART 2 OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO	DEATH BUT	NOT PELATED TO THE TERM	INAL DISEASE OF CON	DITION GIVEN IN PA	PT 1(n)	
		STABILICA CONTRIBUTATO TO	DEATH BOT	NOT REPAILED TO THE TERM	NAL DISEASE ON CON			
1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHICH	OPERATION	N WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F		
	DI I				YES NO	IN CERTIFYING CA	NO [1?
1	210. ACCIDENT WAS UNDERLYING	21b. TIME OF INJURY HOUR A.M. MONTH D.	AV VEAD	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJU	RY IN ITEM 18 PART 1 OR PA	R1 2)	
1	OR CONTRIBUTING CAUSE OF DEATH	P.M.	19					
1	(IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. IN JURY OCCURRED	21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, F	FARM FTC 1	211 LOCATION STREET	CITY OR TO	wn cour	ITY 51	ATE
1	AT WORK NOT WHILE AT WORK		1.	CA	112	01	UL (BLAS	
١	220.1 certify that (this haspita	6 14 14	21131	19		. 19	, that 🌰 (w	
1	saw the deceased alive an abave, (I) (a) (did) (did to t)			d that in (*****) (aur) apinion o	death occurred on the d			red
1	AMMONE	MA	na	ATTENDING	MEDICAL STA		DATE SIGNED	1
4	224 PHYSZIAN'S NAME HORE	(WY)	In	PHYSICIAN 220. ADDRESS	DIRECTOR PHYSIC		17109	
1		(C) (A)			Form Rd Cot	lumber no	1 2121	,
1	17A OHOLSMA				*	www.	4017	
1	230 BURIAL, CREMATION, REMOVAL	23b. DATE 23c. 1	NAME OF CI	EMETERY OR CREMATORY	23d. LOCATION	COUNTY	O	ATE

DHMH-16 30M 2/80 (VRA 15, 4)

retained by the hospital or attending physician.

TO HOSPITAL OR

Marzullo Funeral Service

24 FUNERAL DIRECTOR

Reisterstown, Md.

250. DATE BECO. BY REGISTRAR 256 DEGISTRAR'S SIGNATURE OF THE DAY OF THE DAY OF THE PROPERTY O

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYCICUE

1 -	STATE REGISTRAR			DEFARIM	CERTIF	ICATE OF DEATH	8 4 RE	G. NO.	S	7	
	CE ASED NAME	FIRST	A	AIDDLE	- L	AST	20 DATE OF DEA		CIAY	YEAR	2b HOUR
(TYPE	OR PRINT)	IRVIN	GI	₫.		FINKS .		5	7	84	12-30 MM
3. SE	MAL	E	BL1	ACK	5. DATE C		6. AGE (IN YEARS LA	ST BIRTHDAY)	MONTH	DER 1 YEAR	IF UNDER 24 HRS HOURS MIN.
	RTHPLACE (STATE	OR FOREIGN . 76	CITIZEN OF	WHAT COUNTRY?	8	D NEVER MARRIED	9 BALTIMORE CI			EATH	
	aryland		U. :	5,	WIDOWE		HO	(d) 17	Ri) (COUNTYMD
C	olum	DIA	(IF NOT IN SUCI	HEACILITY, GIVE STREET A	agaress)	EN ERAL	12a USUAL OCCL (TYPE OF WORK FOR M			DUSTRY	OF BUSINESS OR
13a. S Ma	AL RESIDENCE (# P STATE ryland	NURSING OMES OT	HER INSTITUTION	GIVE RESIDENCE BEFORE 13c. CITY OR TOWN Baltimo	٧	13d. INSIDE CITY LIMITS? YES X NO []			ark	2121 Lake	17 e Drive
14. FA	THER'S NAME FIRST Unknown		DDLE	LAST		15. MOTHER'S MAIDEN NA FIRST Unknown	MICH	100	45	ŁAS	л
	VAS DECEASED EN			166 SOCIAL SECUE	RITY NO.	17 INFORMANT		DDRESS			
	NO OR UNKNOWN			N/A		Patricia B	eaver 56	72 Va	nta	ge I	Point R
CERTIFICATION	Canditians, if any, which gave rise to immediate couse (a), stating the underlying couse last. PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D SEIZURES 19a DATE OF OPERATION 19b CONDITION FOR WHICH			EATH BUT		AINAL DISEASE OR (20b. 1F	YES, WE	RE FINDIN	NGS USED OF DEATH?	
TIF							YES NO		YES [CAUSES	NO [
MEDICAL CER	(IF EITHER NOTIFY	CAUSE OF DEATH	P./	M. MONTH DA M.	Y YEAR	21c HOW INJURY OCCUR	RED (ENTERNATURE O	F INJURY IN ITEM	IB PARTIC	OR PART 2)	
MED	21d INJURY OCC	T WHILE WORK	21e PLACE (OF INJURY EET, FACTORY, OFFICE, FA		21f. LOCATION STREET	- 112-3	OR TOWN		OUNTY	STATE
	sow the dec	(I) (this hospital eased alive on e) (did) (did not) v	3	deceased fram		d that in (my) (aur) apinion		he date and	haur and	fram the	
				Kumar		ATTENDING PHYSICIAN	MEDICAL DIRECTOR PH			5.	7-84
	KRISH	INA P	KUHI			COLUMB		210		e nt	AKY
(BURIAL		23b. DATE 5/10/	/84 Ar		EMETERY OR CREMATORY IS Mem. Pk.	Arbutu	s,		YTAL	Md.STATE
24 FL Wm	DINERAL DIRECTOR		Inc. 1	L101 E N	orth	Avenue MA	Y 9 198	RAR 256. REC	David	SIGNAT	ure

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retained by the haspital ar attending physician.

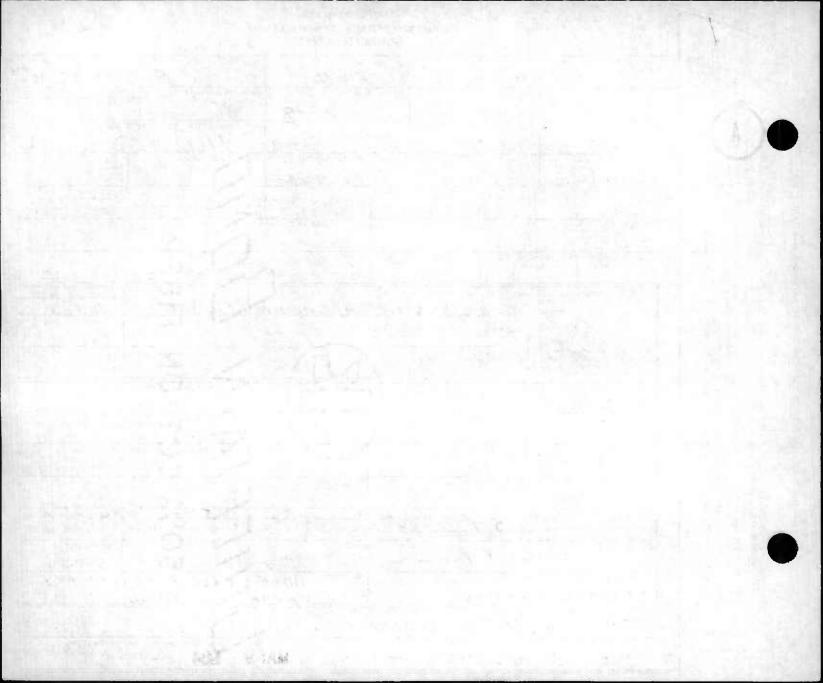
TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and shauld be detached for use as the burial-transit permit. Then please remave carbanpopers. Pagewith the State Dept. of Health and Mental Hygiene priar ta burial, crematian, ar remaval.

injury, ar ather traumatic event, th

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IMPORTANT: If Item 21 is marked or Item 18 shape

DHMH-16 30M 2/80 (VRA 15, 4)



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	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after deap retained by the haspital or attending physician.	TO FUNERAL DIRECTOR, After this certificate has been signed by the attending physican and computelly falled in by the fund should be detached for use as the burial-transit permit. Then please remove correctionappers. Pages and 2 stocked the filled mithing with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or amenoi.	IMPORTANT: If them 21 is marked or Item 18 shows any Injury, ar ather traumatic event the medical exem-	l
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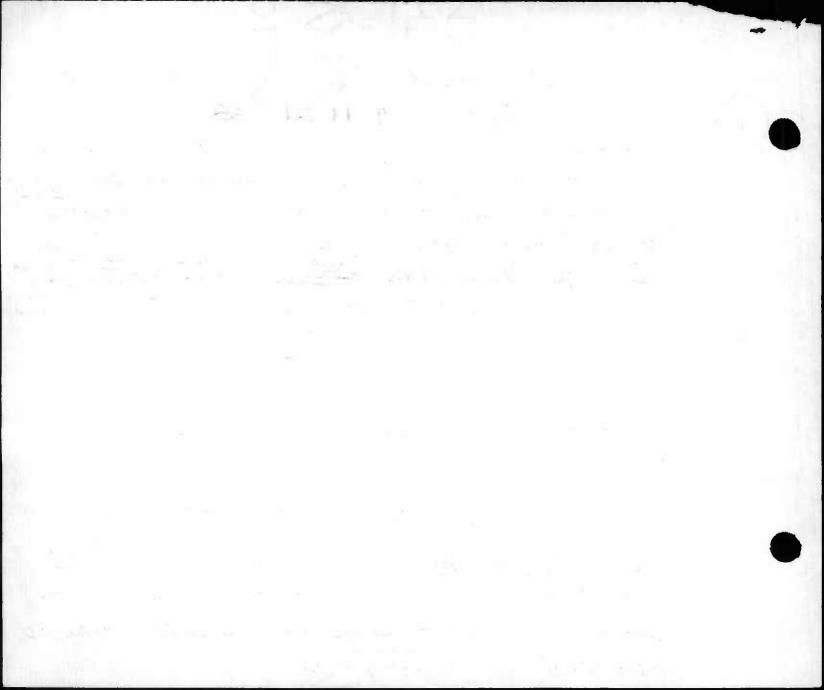
FOR STATE REGISTRAR		DEPA	STATE OF MARYLAND RTMENT OF HEALTH AND MENTAL CERTIFICATE OF DEATH	HYGIENE
ASED NAME	FIRST	WIDDLE	LAST	2 n . l

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGI CERTIFICATE OF DEATH	ENE	4	REG. N	10.	3	9	d	6	
FOCCISS	2a D.	ATE OF	DEATH	MONTH	DAY	YEAR .	1	26 HOUR	_

		EASED NAME FIRST	WIDDLE	L	AST	20 DATE OF DEATH MONTH	DAY YEAR	2b. HOUR
1	(TYPE	James	Hill DAVID	Gari	155	05-1	7 - 84	301 PM
- 1	3. SEX		4. RACE	5. DATE C	F BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS. HOURS MIN.
	8	nale	White	C NONTH	di 24	6A YRS		HOURS MIN.
Z	7a. BIR	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUN	TRY? 8	NEVER MARRIED	9 BALTIMORE CITY OR COUN	TY OF DEATH	1
		MARYLAND	usa	WIDOWE		Howard	· Cou	nty MD.
1	10. CI	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, N		OR OTHER INSTITUTION	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING		OF BUSINESS OR
	الم	olumbia	Ho. Cty. 6	0011	950	SELF-EMPLOYED		sion Kepan
1	13a S	AL RESIDENCE (IF NURSING HOME OF	ROTHER INSTITUTION GIVE RESIDENCE NTY 13c. CITY OR		13d. INSIDE CITY LIMITS?	13e STREET ADDRESS / ZIP CO	DE .	21043
2	IN	rangland H	owardelic	ott City	YES NO	19050 Balto	. Natl	ruce
1	14 FA	THER'S NAME	MIDDLE LAS	. 0	15. MOTHER'S MAIDEN NA	AME MIDDLE *		ST.
(/	p retrice		irriss	HUNIE	CECELIA		SHER
/		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL	SECURITY NO.	THEESEN WILL SA	1. H LOUPESSON	D CEUE	21143
	_	70 1740	- 146 43-6	1 6763	FULL		A CO TEST	(A)
- 1		18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE		b), ond ic	ryocardo	an indount	BETWEEN	MATE INTERVAL ONSET AND DEATH
		IMMEDIA	TE CAUSE (o)	ue "	Ty occurate	ac organica	and other	umeacu
-1		7100	DUE TO, OR AS A CONS	SEQUENCE OF		U'		
		Conditions, if any, which gave rise to immediate	(b)		· · · · · · · · · · · · · · · · · · ·		_	
-		couse (a), stating the underlying couse last.	DUE TO, OR AS A CON!	SEOUENCE OF				
		PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	S TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION G	IVEN IN PART 1:	0.1
	2 0	TAR I OTTER STOTAL CAPT	CONDITIONS CONTRIBUTION	<u>5 10 521111</u> 507	THE TENTE	THE DISEASE ON CONTONION O		
7	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR W	HICH OPERATIO	N WAS PERFORMED		ES, WERE FINDIN	
4	TIFK						YES [NO [
	CER	210. ACCIDENT WAS UNDERLYING	THE PARTY AND	H DAY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJURY IN ITEM 18	3 PART 1 OR PART 2)	
7	CAL	OR CONTRIBUTING CAUSE OF DE	~	19				
	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	SEICE EARM FIC I	211 LOCATION	CITY OF TOWN	COUNTY	STATE
	2	AT WORK AT WORK	The same state of the same sta		(2)	-dia	-	
		22a I certify that (I) (this hosp	7 4-77	170 to 1	19 80	, to	/	that (I) (we) last
			ot) elegate body after death,			death occurred on the date and h	our and from the	couses stated
		27h SIGNATURE	X/ L. ha		DEGREE ATTENDING	MEDICAL STAFF	111.0011	21
_		Louis	200 feetil	2	PHYSICIAN [17/1	184
/		DO AN SHAMETHER	Carrenti		22e ADDRESS	Que la CN	0=+115	- md
			OPEK, MD.		12/2/21/2	and Lune Elec	con ceu	Gra.
	23a. B	URIAL, CREMATION, REMOVAL	23b. DATE	230 NAME OF C	EMETERY OR CREMATORY	23d LOCATION CITY OR TOWN	COUNTY	ACC STATE
	24 51	BUKIAL INERAL DIRECTOR	3-21-09	21. 10	HNS (EM.	TE REC'D. BY REGISTRAR 256, REGI	STRANS	KCKJ //FZ)
	24.10	NAME A FACE A	ADD ADD	RESS BOX 2	MAN NAME	V O O 400 4	T .	OKE
	2	LACK TUNERAL	HONG EI	ics H Cs Y	4 21043 IVIA	4 4 1984 War	vavidson-0	andelle in

DHMH - 16 50M 4/83 (VRA 15, 4)

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within 24 hours ofter

STATE OF MARYLAND

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1-	STATE REGISTRAR		DEPART		ICATE OF DEATH	REG. N	O.	1		
	02110201111112	du 4	M.		ARDING	20 DATE OF DEATH	MONTH 5	/2	YEAR 84	26 HOUR 5-304
3 SEX	Female		hite	S. DATE C	DAY YEAR	6 AGE (IN YEARS LAST BIRT	YRS	MONTHS		IF UNDER 24 HRS HOURS MIN.
CC	RTHPLACE (STATE OR FORE DUNINY) Maryland TY OR TOWN OF DEATH	U	OF WHAT COUNTRY? SA DE HOSPITAL NURSIN	WIDOW	DE DIVORCED DIVORCED DIVORCED	Howard	Coun	ty		MI MERUSINESS OR
C	olumbia	How	and County On, GIVE RESIDENCE BEFOR	Gene	ral Hospital	Retired,	Emplo	yeeS	choo	AA 1 Board
Ma	aryland Name	AA	Glen Bu	rnie	13d INSIDE CITY LIMITS? YES NO X 15 MOTHER'S MAIDEN NA	13e STREET ADDRESS 200 Oak L	ane,	N.W	•	21061
1	George	K.	Freder		Anna	MIDDLE	566		Nic	holtz
	VAS DECEASED EVER IN (ES, NO OR UNKNOWN) (U.S. ARMED FORCE: IF YES, GIVE WAR OR DATES			C. Edward Ha	ADDRI rding Sr		e as	13	
	18 CAUSE OF DEATH PART I. DEATH WAS	S CAUSEÓ BY: AMEDIATE CAUSE (a)		Duca	isuwary An	nest		-	-	MATE INTERVAL ONSET AND DEATH
	Canditians, if any, v gove rise to imme- couse (a), stating underlying cause	which b	, OR AS A CONSEQUE		cebro 4 oronla	1 Acciden	B		do	75
NO	PART 2. OTHER SIGNIF	Frial (Carcina	. Ku	NOT RELATED TO THE TERM	INAL DISEASE OR CON	IDITION	EIVEN IN	PART 10	3)
CERTIFICATION	190 DATE OF OPERATION 4-27-80		NOITION FOR WHICH		Carcivous	200 AUTOPSY?	IN CER			OF DEATH?
	210. ACCIDENT WAS UNDER OR CONTRIBUTING CAL (IF EITHER, NOTIFY MEDICAL)	JSE OF DEATH HOUR	E OF INJURY A.M. MONTH D. P.M.	AY YEAR	216 HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 1	8, PART 1 OF	R PART 2)	
MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILL AT WORK AT WORK	(AT HOME	CE OF INJURY , STREET, FACTORY, OFFICE, I	FARM, ETC)	211 LOCATION STREET	CITY OR TO	WN	col	UNTY	STATE
	22a.1 certify that (I) (the saw the deceased obove, (I) (we) (did	-	-12 19	34.	nd that in (my) (our) opinion	deoth accurred on the d	ate and h	_, 19_ _ aur and f		that (I) (we) los causes stated
	22b. SIGNATURE	1. Rum			DEGREE ATTENDING PHYSICIAN	MEDICAL STA	FF CIAN []	1	2c. DATE	SIGNED 2-34

should be detached for use as with the State Dept of Heolth O FUNERAL DIRECTOR:

IMPORTANT: If Hem 21 is

DHMH - 16 50M 1/76 (VR A 15 (4))

230. BURIAL, CREMATION, REMOVÁL 23b. DATE 23c. NAME SPECETY)

Burial May 15,1984 Gler

24. FUNERAL DIRECTOR
NAME James S. Kirkley, Glen Burnie, MD

Glen Haven Mem. Park

Glen Burnie

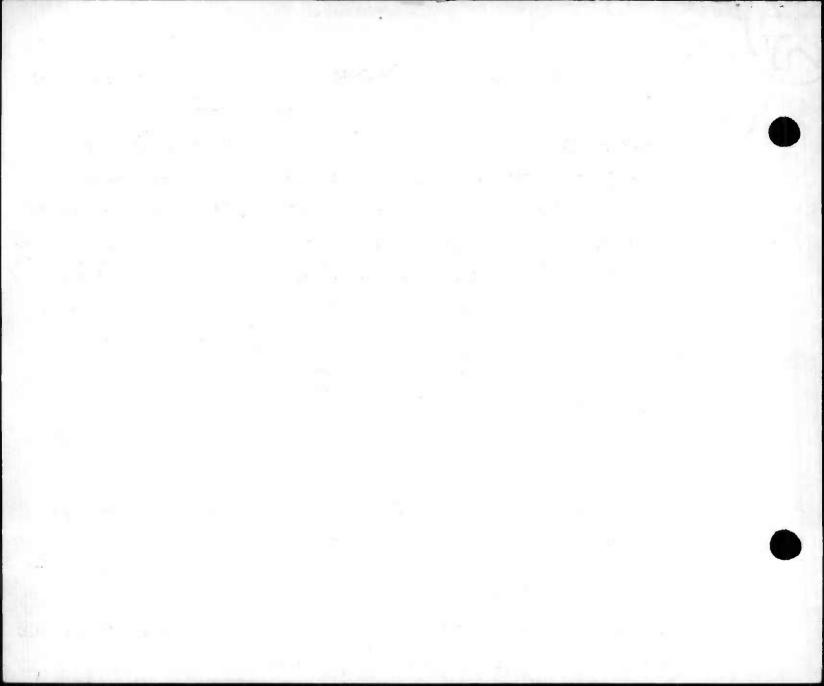
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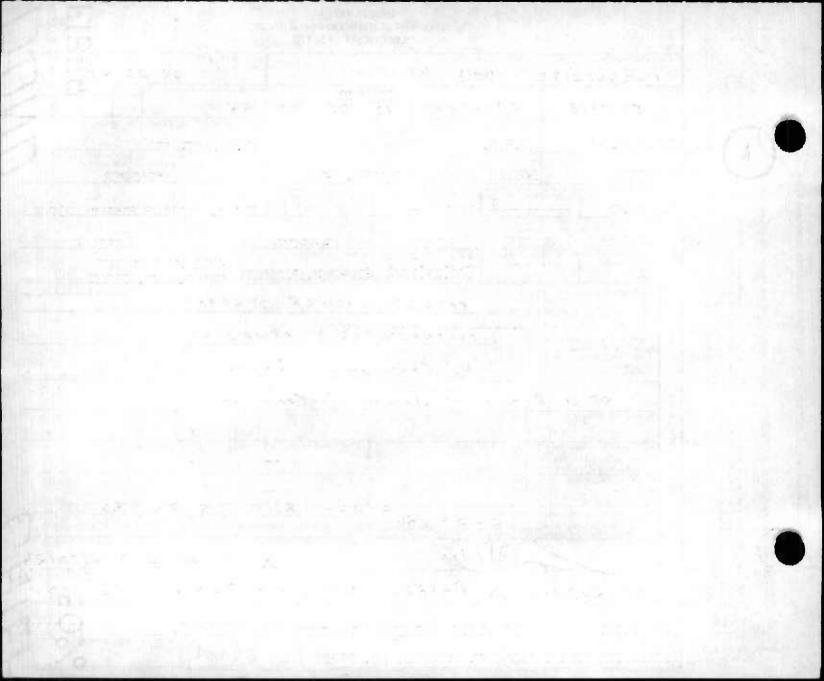
BY REGISTRARISS, REGISTRAR'S SIGNATURE

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/ /	12			STATE OF MARYLAND	est	
10 the	i.	FOR STATE	DEPAR	TMENT OF HEALTH AND MENTAL HYC CERTIFICATE OF DEATH	GIENE 44	3 9 9 0
1 10		REGISTRAR			REG. NO.	
u 7.4		CEASED NAME FIRST ELLA	CECELIA	KEENAN	20. DATE OF DEATH MONTH	19 84 8: 12 PM
	3. SE		1. RACE	5 DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER TYEAR IF UNDER 24 HRS
(A)	70.8	RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	DEC. 18 1899	9 BALTIMORE CITY OR COUNT	V OF DEATH
		MARYLAND	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED		DUNTY MD.
of the Co	10 C	COLUMBIA	11. NAME OF HOSPITAL, NURS (II) NOT IN SUCH FACILITY, GIVES ITEL TO BEE	ING HOME OR OTHER INSTITUTION ET ADDRESS)	12a USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	
d be it	USU 13a. S	IATE 13b, QOU	ROTHER INSTITUTION, GIVE RESIDENCE BEFO NTY 13¢ CITY OR TO	ORE ADMISSION) 13d. INSIDE CITY LIMITS?	13e.STREET ADDRESS / ZIP COD	E
T 1	ldi. Fz	THER'S NAME	WARD ICLLICOTI	15 MOTHER'S MAIDEN NA		1ARD 21043
1 11/10	Υ.	JAMES		JELLY MAUDE	MIDDLE	COUNTESS
ord co		VAS DECEASED EVER IN U.S. AI (ES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 16b SOCIAL SEC IVE WAR OR DATES)	2527 No. James Ke	enan Chicat	Columbia Rist City Md 2107
cate by apen, wal,			nly one cause per ine for (a), (b), o	J- /	<u> </u>	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
certific thone internal			TE CAUSE (a)	The lotter	1 9	45 mintes
death attend ove co non; a		Conditions, if any, which	DUE TO, OR A CONSEQ	Myreordung 1	Marchy	5 forms
that the by the pase rem al, cremo		gave rise to immediate cause (a), stating the underlying cause last	DUE TO, OR PSA CONSEQ	verificos monfficies	<i>V</i>	18 homs
equires Then plans to bury, a	Z O	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATIVE TO THE TERM	MINAL DISEASE OR CONDITION GI	VEN IN PART 110
hos been permit permit cony	TIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION WAS PERFORMED	L IN CERT	S, WERE FINDINGS USED IFYING CAUSES OF DEATH? ES NO
Thomas I Bak	L CERT	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
dira dira boral Merit	MEDICAL	(IF EITHER NOTIFY MEDICAL EXAMINE	21e PLACE OF INJURY	211 LOCATION STREET	(ITY OR TOWN	COUNTY STATE
NG the the three t	W	AT WORK NOT WHILE AT WORK	(AT HOME STREET, FACTORY OFFICE	F/0 /2	F/s	3/4
TEND TOR A TOR A TOR A TOR A TOR A TOR A		saw the decition of sive at	n 19. at the deceased from 19. at the body after death.		death accurred on the date and ha	ur and from the causes stated
DAREC DAREC Dept		22b. SIGNATURE	Charles de	DEGREE ATTENDING	/ MEDICAL STAFF	THE DATE AIGNED
PITAL 57 # 168 AL ANT		214 PHYSIZIAN'S NAME (TYPE	Honlyn J	PHYSICIAN 22e ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	711184
MPORT N		BERONEC	Haurman	and		
RP RP	73u.	URIAL, CREMATION, REMOVAL	23b. DATE 23c	NAME OF CEMETERY OF CREMATORY OF JOHN'S CEM.	23d LOCATION ECLIVORTOWN	Tiended im
DUIANI 14 50M 4/52	24 F	JNERAL DIRECTOR			TE REC'D. BY REGISTRAR 256. REGIS	TRAR'S SIGNATURE
DHMH - 16 50M 4/83 (VRA 15, 4)	5	LACK FLUERAL		LICET CITY MUZICY3	Y 22 1984 ~	s dereison-blandall



1	FOR STATE REGISTRAR		IT OF HEALTH AND MENTAL HY ERTIFICATE OF DEATH	GIENE REG. NO.	3 9 4 7
	CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
(TYP	MARGUERIT		MATON	0	5 23 84 2 4° F
3. SE		4 RACE 5.	DATE OF BIRTY	6. AGE (IN YEARS LAST BIRTHD	
11	FEMALE	CAUCACION	12 XX 95	88	YRS. HOURS MI
7a, B	IRTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR	COUNTY OF DEATH
20	ONNECTICUT		IDOWED DIVORCED	HOWARD COLL	JTV
1/1	OLUMBIA	U. NAME OF HOSPITAL, NURSING H (IF NOT IN SUCH FACILITY, GIVE STREET ADDR LORIEN NURSING &	RESS)	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF W	
JUST	AL RESIDENCE (IF NURSING HOME C	OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADM	AISSION)		Participation of the Control of the
	ARYLAND	BALTTMORE	YES X NO	13e.STREET ADDRESS / Z	
territories and the second	ATHER'S NAME		15. MOTHER'S MAIDEN NA	AME	
01	EDWARD J	OSEPH FRIDAY	CATHERIN	MIDDLE	CA TATEODO
	WAS DECEASED EVER IN U.S. A			ADDRESS	
7	(YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16) SOCIAL SECURITY 116.02.78 062.12.12	44 ELMER W. KEM	PTON 4711 RU	JBY AVENUE
		only one couse per line for (o), (b), and (c		BALID.,	MD 21227 APPROXIMATE INTERVAL BETWEEN ONSET AND DEA!
				WISEASE	at interiorate stronger
	, M, / M IMMEDIA	AIE (AUSE IO)	- 1	P V I	
100	1/14/				
100	1141	DUE TO OR AS A CONSEQUENCE	FOF with	HACIA'	
	Conditions, if ony, which gove rise to immediate	DUE TO, OR AS A CONSEQUENCE (b) CONTRAC	FURES & At	MASIA'	
	Conditions, if ony, which	bue to, or as a consequence (b) CONTRAC Due to, or as a consequence	FURES & At	PHASIA.	4.)
	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	bue to, or as a consequence (b) CONTRAC Due to, or as a consequence (c) H& Con	FOR WITH FURES & At	YEASIA!	
NO	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	bue to, or as a consequence (b) CONTRAC Due to, or as a consequence (c) Ha Consequence CONDITIONS CONTRIBUTING TO DEA	FOR WITH FURES & AT EOF CINOINA TH BUT NOT RELATED TO THE TER.	PHASIA! **ROST (UMMINAL DISEASE OR CONDITION	
ATION	Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	bue to, or as a consequence (b) CONTRAC Due to, or as a consequence (c) H& Con	FOR WITH FURES & AT EOF. CINOINA TH BUT NOT RELATED TO THE TER CHOMY for Can	MASIA' YEAST (U MINAL DISEASE OR CONDIN	
IFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) CONTRAC DUE TO, OR AS A CONSEQUENCE (c) H& CONC CONDITIONS CONTRIBUTING TO DEA RANCOL Maste	FOR WITH FURES & AT EOF. CINOINA TH BUT NOT RELATED TO THE TER CHOMY for Can	WINAL DISEASE OR CONDING CHECKER 1200 AUTOPSY?	TION GIVEN IN PART 110. 10b. IF YES, WERE FINDINGS USED. N CERTIFYING CAUSES OF DEATH?
SETIFICATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost. PART 2 OTHER SIGNIFICANT	DUE TO, OR AS A CONSEQUENCE (b) CONTRAC DUE TO, OR AS A CONSEQUENCE (c) H& COMME CONDITIONS CONTRIBUTING TO DEA RANGE OL Maste 196. CONDITION FOR WHICH OPE	EOF WITH TURES & AT EOF CINOINA B TH BUT NOT RELATED TO THE TER. CHOMY for Can ERATION WAS PERFORMED	WINAL DISEASE OR CONDITION A LA DISEASE OR C	TION GIVEN IN PART 110. 206. IF YES, WERE FINDINGS USED 1. N CERTIFYING CAUSES OF DEATH? YES \(\sum \) NO \(\sum \)
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STATE OF MARYLAND

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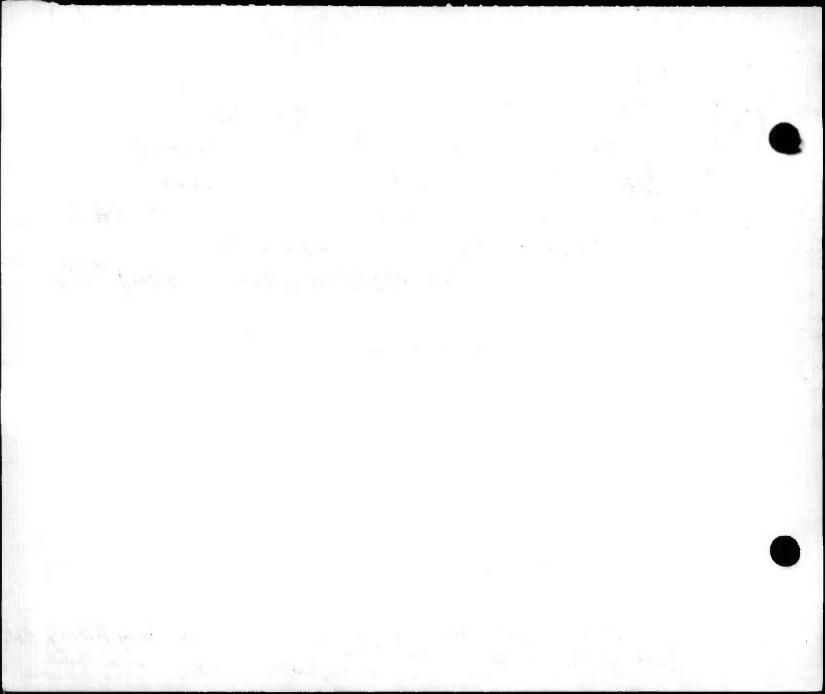
ĺ	1 - STATE REGISTRAR		ICATE OF DEATH	REG. NO	0	3
Ì	1. DECEASEDNAME PROT	E Ke	US.	0		1 23 9 P M
	Male	Black 03	69 99	8. AGE IN YEARSTASTER	YRS. WONTHS GA	HOURE MUNE
	COUNTRY YA.	U.S.A. WIDOW	The second secon	+ BALTIMORE CITY O	ARD	MD
	Osla ind	NAME OF HOSPITAL, SURSING HOME (LIGHOY OF SUCH FACILITY OF STREET ADDRESS)	EL.	LA BOR	F WORKING HELL INDUST	D OF BUSINESS OR RY
	USUAL RESIDENCE 19 HURCHAS HOWE OR OF THE THE COUNTY	rend Columber	134 INSIDE CITY LIMITS? YES NO [98480	Fai Lege	Court
1	M. FATHER'S NAME Rober	+ Keys	AGA	Steven	SON	CASI
	186. WAS DECEASED EVER IN U.S. ARMEI (193 NO DEUMENOWN) (8 YEL GIVE W.	218-10-4297	Maude Will	ioms (dau	ghter) 31	#13
	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICANT CON	DUE TO, OR AS A CONSEQUENCE OF	NOT RELATED TO THE TERM	DISCALC	DITION GIVEN IN PAR	Llio
	196 DATE OF OPERATION 196 DATE OF OPERATION	IN CONDITION FOR WHICH OPERATIO	IN WAS PERFORMED	784 AUTOPS17	206 IF YES, WERE FIN IN CERTIFYING CAUS YES [7]	
	PROPERTY OF THE PROPERTY OF TH	THE TIME OF INJURY HOUR A.M. MONTH DAY YEAR P.M. 10	21s. HOW INJURY OCCURR	ED (1907) PANUAL OF HUM	IS SAUTER IN THREE TORONS.	Ji .
	WE THERE ADDRESSED AND ADDRESSED AND ADDRESSED AND ADDRESSED	21s PLACE OF INJURY (at HOME STREET RACTORY OFFICE FARM \$10.)	2H LOCATION	CITY OF 10	wn countr	STATE
	27a certify that (I) (this haspital) so: the decisind alive on above, If (see) (did) (did not) 27k SIGNATURE	See Nody after Math. 10 0	nd that in imyl (our) opinion of DEGREE ATTENDING	to STIS Jeoth occurred on the do	777. D	the causes stated ATE SIN NED
-	224 PHYSICIAN'S NAME ITHE IS TO FRICH	H. Peters.	PHYSICIAN [DIRECTOR [] PHYSIC	IAN	112121
1	230 BURIAL, CREMITION, REMOVAL (SPECIFY)	5 13 Pul C	GYOUR CEMATORY	23d OCATION City or Kowy Sarth &	ers burg /	nont & Me
	Su ow den tupera	ouden 24 Noll	ALAAA	Y 23 1984	THE REGISTRAL'S SIGN	Aandakka

DHMH - 16 50M 4/83 (VRA 15, 4)

BP.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and calculate be deficient of our surface busing-frontily general. Then please remove carbon poppers hoges with the State Dept. of Health and Mental Hygiene prior to busing, cremation, or removal.

ARPORTANT, If them 21 is marked or them, 38 Novas, pry monty, or other traumatic event, the medical

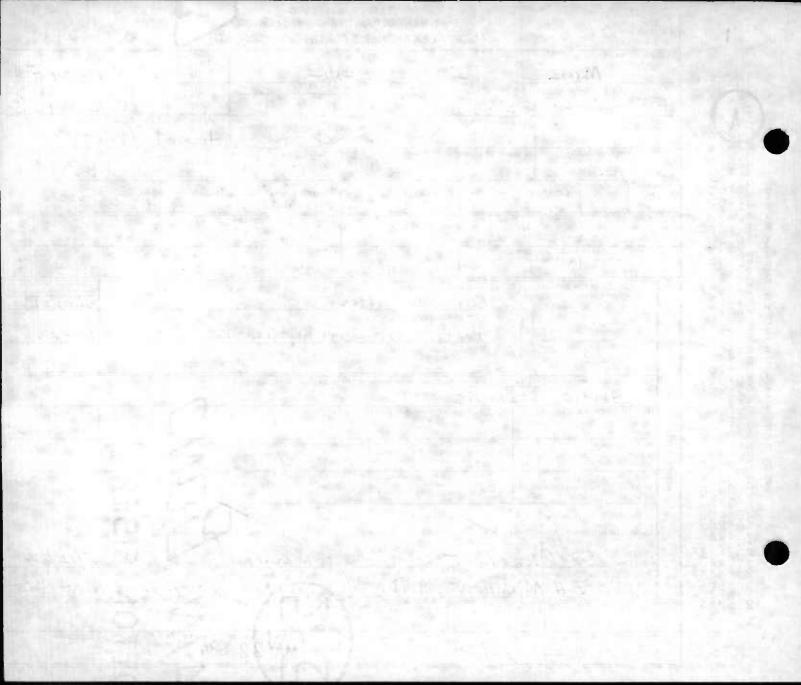


20M 4/82

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

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		FOR	D	EPARTMENT OF	HEALTH AND MENTA	L HYGIENE	100
		STATE REGISTRAR	WED	DICAL EXAMIN	NER'S CERTIFICATE	OF DEATH REGINA	3 9 5
4		CEASED NAME FIRST		WIDDLE	LAST	20. DATE KNOWN	MONTH DAY YEAR 26. HOUR
ESS. S. F.	(110	Marie		Z.	LANG	OF ESTI-	105 12 1984 AMM
100	1 SEX		5. DATE OF BIRTH	6. AGE (IN Y	11 0145	DER 24 HRS. 2c. DATE	MONTH DAY YEAR 24. HOUR
	F	· Cauc:			(RS. MONTHS DAYS HOURS	MIN PRONOUNCED DEAD	05 12 1884 55M
れ 至 と ク ア		RTHPLACE (STATE OR REIGN COUNTRY)	76. CITIZEN OF WH	AT COUNTRY?	8 MARRIED NEVER MA	PRIED P. BALTIMORE CITY C	OR COUNTY OF DEATH
世界の意味のうつ	100	laryland	USA		Many and the second	ORCED Howard	County MD.
2年20日		TY OR TOWN OF DEATH	11. NAME OF HOSE		E, OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYP	PE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
E STEEN	S	evage	9111 R	ultimore S.	troot	FOR MOST OF WORKING LIFE) COUNCILOR	
SE SOLO	JSUA	L RESIDENCE (IF IN NURSING HOME	OR OTHER INSTITUTION, GIV	E RESIDENCE BEFORE ADMIS	IONI		
S S S S S S S S S S S S S S S S S S S	13a S	TATE 13b. COUN	ITY	Savage	YES Y NO	52 13e STREET ADDRESS 9111 Balt. St	20863 School
# Zimis	14.	HERES NAMED HE	ward		15. MOTHER'S MA	AIDEN NAME	
E-802	Т	homas Merson	WIDDLE	LAST	Aunio	Shoemaker	Į.AST
8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	16g. V	VAS DECEASED EVER IN U.S. AR	MED FORCES?	166 SOCIAL SECURI		ADDRESS	
E 5 5 5 5 1	(1)	ES, NO, OR UNKNOWN) (IF YES, GIVE	WAR OR DATES	216 10 1	220 Aubrou	Lana 6399 Hanau	er Road, Hanover,
S S T S S	-/1	18 CAUSE OF DEATH (Enter on	lu one source de l'es		ZZV I HUDILEG	Lang 03/7 Hanov	APPROXIMATION DERVAL BETWEEN ONSET AND DEATH
WIT V		PART I DEATH WAS CAUSE	DBY:		erresi		
SEE PER VAL		470 CHAMEDIA	IL CHOSE (O)	AS A CONSEQUENCE			SIMULT.
E WE SEE	6-3	Conditions, if ony, which		who is a law	- arrhyti	la 100 1 Ca	weeks
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NA A A A	1	lying cause last.	DOL TO, OK	AS A CONSEQUENCE	OF .		The Prince of the State of the
2525	10	PART 2 OTNER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH 8	HT NOT BELATED TO THE YES	MINAL DISCUSS OF CONDITION CIVEN II	N PARY 1 / S	
E SABONE	NO		STENOSI		MINAL DISCASE OR CONDITION DIVEN II	TAKI I (0)	
PH AND	S.	190 DATE OF OPERATION	196. CONDIT	ION FOR WHICH OPE	RATION WAS PERFORMED?		20 AUTOPSY?
古る異名の	Ĕ						YES NO
TOWN THE SE	CERTIFICATION	210 EXTERNAL CAUSE WAS	216. TIME OF			RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2]
1 00 F 8		UNDERLYING OR		MONTH DAY YEA	IR .		
ERTI ING S SH PRIC	MEDICAL	21d. INJURY OCCURRED	21e PLACE O	FINJURY (ATHOME,	211 LOCATION STREET	All Parks	
VRIT VRIT VE CGE: 201	¥	AT WORK AT WORK	STREET, FACTO	ORY, FARM, ETC.)	SIREE	CITY OR TOWN	COUNTY STATE
RE TH		22a I certify that I took charge	an of the compine description	wihad ahawa halda d	Autopsy , Inspec	ctian , Inquiry , an	
A S S S S S S S S S S S S S S S S S S S		death resulted from: Matu				Undetermined manner .	nd in my apinion
REC IREC VITH IRYL		death resulted from: Matu	rai causes [2],	Accident [], 5			
A SOLD TO SOLD	1	ACTUAL SIGNATURE 3.9.0	micher	J	TITLE (SPECIFY	2P2 MEDICAL EXAMINER	DATE 5/12/84
ZHE REFE	1						
SHE AND SHE		(TYPE OR PRINT) B. H.	Mincheu	J, MID	ADDRE GOS 1	Balt. Not1. Pike	e Ellicott. City
BALL BALL	23a. Bl	URIAL, CREMATION, REMOVAL			METERY OR CREMATORY	23d. LOCATION	
DD	(5	PECIFY)				CITY OR TOWN	COUNTY STATE
Dr	24. FU	JNERAL DIRECTOR				TE REC'D. BY REGISTRAP 736 REG	Maryland Ward
DHMH - 17 (VR A15 ME (5))	D	öñaldson Funera	il Home, La	aurel, Md	MA	Y 2 2 1984 gyna xu	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1



P	1-	FOR STATE REGISTRAR			DEPARTA	MENT OF HI	OF MARYLAND EALTH AND MENTAL HY CATE OF DEATH	GIENE REG.	NO.	· • •	; 2
19	3 SEX		OREIGN 76	RACE CITIZEN OF V U. S I. NAME OF H (IF NOT IN SUCH	EACILITY, GIVE STREET	WIDOWER NG HOME O	F BIRTH DAY VEAR 3 1890 INEVER MARRIED	6. AGE (IN YEARS LAST 9 BALTIMORE CITY 120. USUAL OCCUPY (TYPE OF WORK FOR MOS BANKET	SBRTHDAY) YRS OR COUNTY OF WARD CON	UNDER I YEAR NITHS DAYS	AD BUSINESS OR
9	USUA 130 S	AL RESIDENCE (IF NURS	136 COUNT	THER INSTITUTION O		E ADMISSION)	13d INSIDE CITY LIMITS? YES NO X 15. MOTHER'S MAIDEN N FIRST	13e.STREET ADDRES 367	S/ZIP CODE 5 Gwen (9999
3		Ambrose VAS DECEASED EVER (ES, NO OR UNKNOWN) Yes		WAR OR DATES)	Lee 166 SOCIAL SECU 082-14-	IRITY NO.	Elizabe	ADE	Seafo	Gwen Ga rd,NewY	ork
		APPROXIMATE INTERVA BETWEEN ONSET AND DE Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. DUE TO, OR AS A CONSEQUENCE OF UNDERTO, OR AS A CO									
2	L CERTIFICATION	190 DATE OF OPERAT	DERLYING	21b. TIME OF HOUR A.A	FINJURY M. MONTH D.	AY YEAR	N WAS PERFORMED	200 AUTOPSY? YES NOTER NATURE OF IN	IN CERTIFY!		
/	MEDICAL	21d IN JURY OCCURE 11d IN JURY OCCURE 11d NOT what woll 22o I certify that (I) 11d the decease above, (I) (we) (c)	RED (this haspitaled alive an	l) attended the	OF INJURY EET EACTORY, OFFICE F deceased from	5/2	211 LOCATION STREET 19 d that in (my) (our) apinion	to 5/2	5 19		STAIE not (I) (we) last auses stated
		226 SIGNATURE	AME (TYPE OR F	LI KUC	ich_ K	m D	22e ADDRESS	DIRECTOR PHY	AFF SICIAN	220 DATE SI 5/2	5/84
	23o. B	URIAL, CREMATION,	REMOVAL	23b. DATE	23 c. 1	NAME OF CE	METERY OR CREMATORY	23d LOCATION			

DHMH - 16 50M 4/B3 (VRA 15, 4)

Marzullo Funeral Service

5-29-84

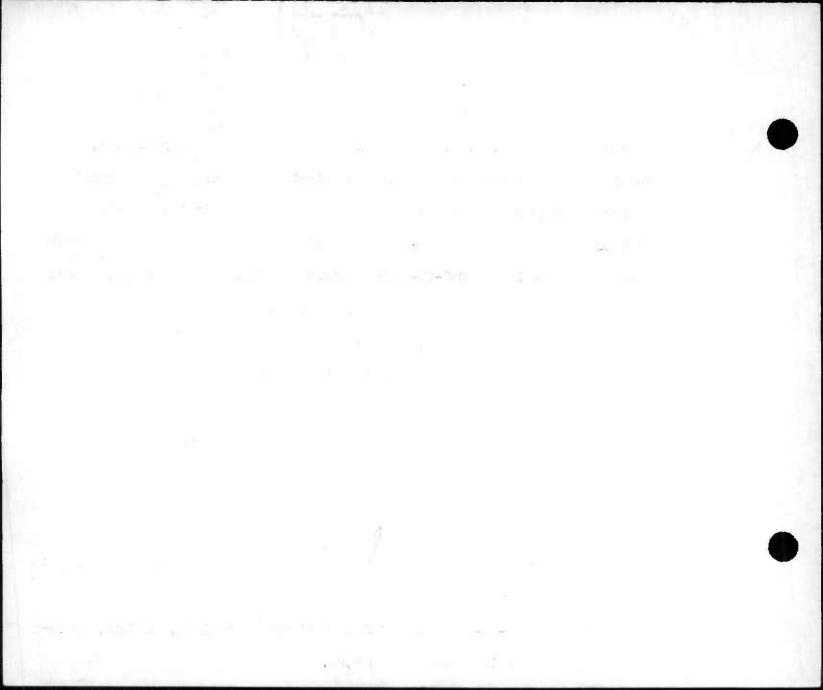
230. BURIAL, CREMATION, REMOVAL

24 FUNERAL DIRECTOR

Burial

Reisterstown, Md.

23d LOCATION
CITYOR TOWN
Pinelawn, Suffolk, NewYork Long Island National 250. DATE REC'D. BY REGISTRAR 25) REGISTRAR'S SIGNATURE MAY 2.9 1984



STATE OF MARYLAND

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PEG NO	1 0			

	FOR STATE REGISTRAR	DEPA		EALTH AND MENTAL HYG ICATE OF DEATH	IENE REG. NO	139	5 5
	1. DECEASED NAME FIRST (TYPE OR PRINT) RUT	MIDDLE		evit	MAY 30	1984	10 50 AM
	3. SEX EMALE	W HITE	5 DATE O	F BIRTH DAY VEAR 1904	6. AGE (IN YEARS LAST BIRTI	YRS.	DAYS HOURS MIN.
	7a. BIRTHPLACE (STATE OR FOREIGN COUNTRY) NEW YORK	76 CITIZEN OF WHAT COUNTI USA	WIDOWE		BOWARD CO	OUNTY	MD.
	10. CITY OR TOWN OF DEATH COLUMBIA	11. NAME OF HOSPITAL, NUF (IF NOT IN SUCH FACILITY, GIVE ST HOWARD CO	UNTY GE		HOUSEWIFE	WORKING LIFE) INDUS	ND OF BUSINESS OR STRY HOME
1			OWN I	13d. Inside City Limits? Yes X no		N MOUNTAIN	N CIR.21044
9	LOUIS	ROSENBER		15. MOTHER'S MAIDEN NA ANN	MIDDLE		HERZOG
	160. WAS DECEASED EVER IN U.S. AR (YES, NO OR UNKNOWN) (IF YES, GIV	MED FORCES? 166 SOCIALS 166-22			• MARJORÆERES AM TELL LA•	COLUMBIA,	MD 21044
A STATE OF THE PARTY OF THE PAR	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause lost. PART 2. OTHER SIGNIFICANT	DUE TO, OR AS A CONSE (b) APPEND DUE TO, OR AS A CONSE (c) CONDITIONS CONTRIBUTING	AR NET	NIPO SCLEROS US		DITION GIVEN IN PAF	WKS YES
	19a DATE OF OPERATION 21a, ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WH	ICH OPERATION	N WAS PERFORMED	20a AUTOPSY? YES NO	20b. IF YES, WERE FIL IN CERTIFYING CAU YES	
7			DAY YEAR	21c. HOW INJURY OCCURE	RED (ENTER NATURE OF INJURY	IN ITEM IB PART I OR PAR	T 2)
	OR CONTRIBUTING CAUSE OF DE. (IF EITHER, NOTIFY MEDICAL EXAMINE) 214 INJURY OCCURRED WHILE NOT WHILE AT WORK AT WORK	21e PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFI	CE, FARM, ETC)	211 LOCATION STREET	CITY OR TOW	VN COUNT	Y STATE
	22a I certify that (I) (III saw the deceased alive an above, (I) (ma) (did) (vi	otto ded the decessed fro	9, one	d that in (my) (opinion (death occurred on the do	te and hour and from	, that (1) (was) last in the causes stated
7	Buraling	(au /mo)	M	PHISICIAN	MEDICAL STAF	- 6	30, 84
	TH DADISMAN	on Factors		SOOG HARAD	FORM PO	OTUMBIA M	no ZNA

236 NAME OF CEMETERY OR CREMATORY CHIZUK AMUNO

BP.

TO HOSPITAL

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR. hould be detacher MPORTANT, If Is

> SOL LEVINSON & BROS., INC.

JUNE 3,1984

23d. LOCATION
CIBALTIMORE

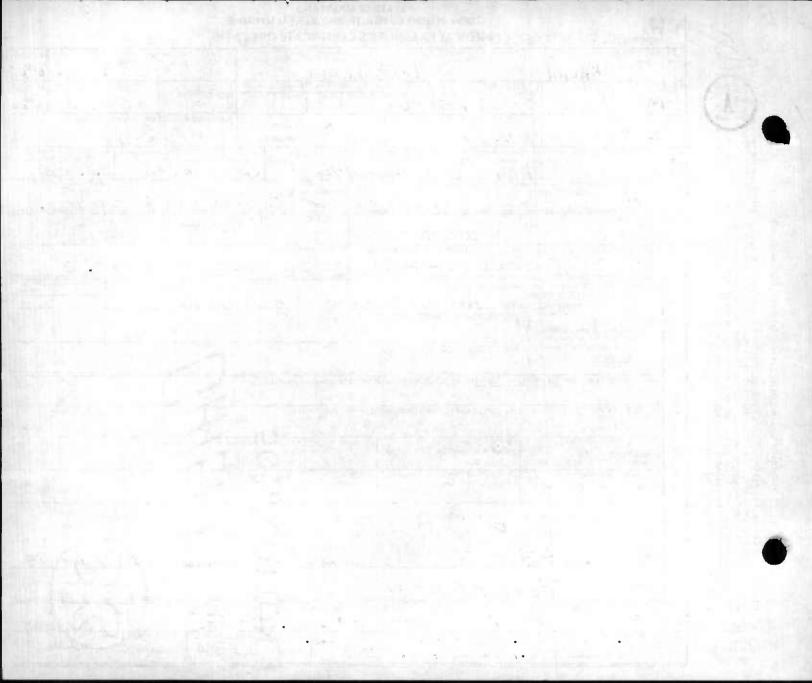
MARYMAND COUNTY

24 FUNERAL DIRECTOR 6010 REISTERSTOWN RD. BALTO

230 BURIAL, CREMATION, REMOVAL (SPECIFY)BURIAL

30 July 11 63 THE SALE SHOWS SHEET SHE THE STREET SHOULD SHOW THE TO SEE THE THE SEE STATES 1810 P Sais Giller HATTER SOLD STATES STATES OF THE STATES 884 John Killy Hall Ber JUN 6

41			FOR			E OF MARYLAND EALTH AND MENT	AL HYGIENE	
	6/	1-	STATE REGISTRAR RALPH LON				and the same of th	10. 3 9 5 4
	0		EASED NAME FIRST		WIDDIE	LAST	2a. DATE KNOWN OF ESTI-	
-	95.00		KALPH			SORARDO	DEATH MATED	101101
,	19:00	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEAR			MONTH DAY YEAR 2d. HOU!
_	2042	70 B	MALE Cauc	April 15		5.	DEAD	05 26 1984 64 A
	100	FC	New York	4.5	A.		VORCED How	A-R-10 MC
	A A CHANGE	Go	lumbin	Leunard	County Gove	or other institution	FOR MOST OF WORKING LIFE)	U.S. Army
1201	AND 3 RETAIN MOUID	13a. S	L RESIDENCE (IF IN NURSING HOME COUNTY)		13c. CITY OR TOWN	13d. INSIDE CITY LIN	115? 13e. STREET ADDRESS	21044 RIVER ROW Ct.
E, MD. 2	SEATH STATE	100	THER'S NAME FIRST NEMAND	WIDDIE	LONGOBARDO	15. MOTHER'S A FIRST ROSE	MAIDEN NAME MIDDLE	STRIANO
BALTIMORE	URS AFTER 8. GIVE PAGE WITH FOR PAGES DIVISION	16a. V {Y	AS DECEASED EVER IN U.S. ARI S, NO ORUNKNOWN) (IF YES, GIVE YES	wed forces? Was or dates) Vietnam	054-20-903		ADDRES DE LONGOBARDO-Same	
DIVISION OF VITAL RECORDS, 301 W. PRESTON ST., B.	KECUTED WITHIN 24 HOUR G" IN PENCIL IN ITEM 18 (A1 EXAMINER ALONG W BURIAL ITEMSTIF PERMIT P AND MENTAL HYGENE, DI ON, OR REMOVAL		Conditions, if ony, which gove rise to immediate couse (a) stating the underlying couse lost.	D BY: IE CAUSE (o) DUE TO, OR (b) DUE TO, OR (c)	AS A CONSEQUENCE O	F	poscular disease	APPROXIMATE INTERVAL BETWEEN ONSET AND DE ATH
ECORDS	AS A ALTH	TION	PART 2 OTHER SIGNIFICANT CONDITIONS			TION WAS PERFORMED.		20. AUTOPSY?
VITALE	3825.44	CERTIFICATION	21g EXTERNAL CAUSE WAS					YES NO
ON OF	SHEICATE SHOULD 8 SARTMENT SARTMENT		UNDERLYING OR CONTRIBUTING CAUSE OF I		MONTH DAY YEAR	ZIC HOW INJURY OCC	URRED (ENTER NATURE OF INJURY IN ITEM)	BPART 1 OR PART 2)
DIVISI	E. THIS CERT E. WRITING RWARDED : PAGE 3 SI STATE DEB 21201 PRIO	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK		OF INJURY (AT HOME, ORY, FARM, ETC.)	21f. LOCATION STREET	CITY OR TOWN	COUNTY STATE
•	XAMINER: ERTIFICATE, LD BE FOR IRECTOR: P WITH THE S RYLAND, 21		22a. I certify that I took charg death resulted from: Notus ACTUAL SIGNATURE BUX	e of the remains des	cribed obove, held on Accident , Suic		Undetermined monner Y	DATE May 26, 84.
	MEDICA COUTE TH SE 4 SH FUNERA FER DEAT	/	EXAMINER'S NAME (TYPE OR PRINT)	BERT F	Morrow	ADDRESS	MEDICAL EXAMINER	SIGNED &
	Bb———	Bi		May 30,198	84 Arlington	etery or crematory n Nat'l. Cen	13. LOCATION CITY OF TOWN Arlington	county state Virginia
	DHMH - 17 (VR A15 ME (5)) 15M 7/77	² L£	TEST MICTOR Russel 55 Twin Knolls	Rd., Colu	ke Funeral i mbia, MD.	Homes P.A. 250. 9 21045	NAY 2 9 1984 Julia	GISTRAR'S SIGNATURE Davidson-Mandall

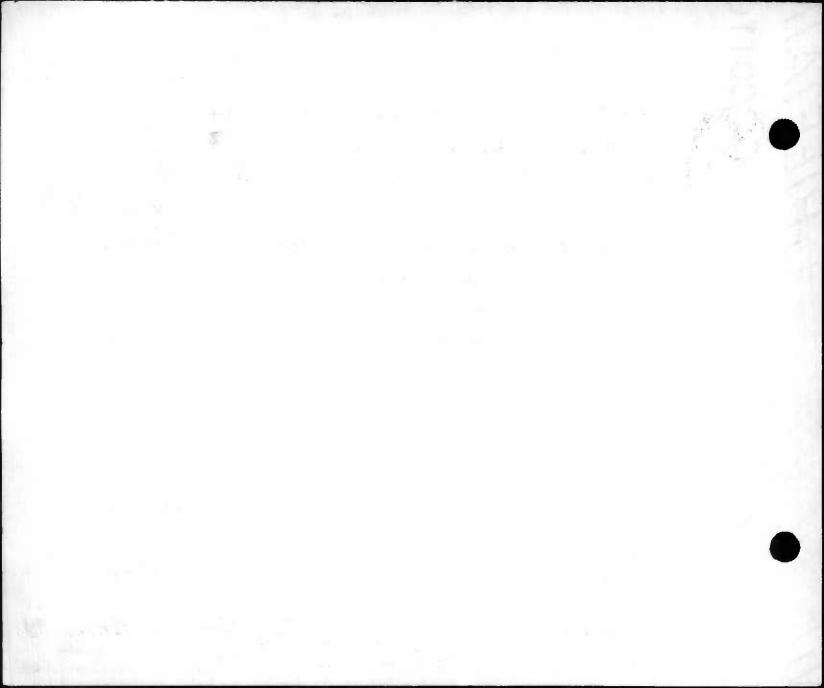


Ľ		ATE GISTRAR				CERTII	TE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	8 4 REG. N	.13	9 5	ร์ อั
	DECEA YPE OR P	SED NAME CLYD	E EL	IZABE	TH DOE	4 1	LYLE	20 DATE OF DEATH	MONTH DAY	1984	12 A
	SEX	F _{emal}	.e	_{RACE} Whi		MONT 2		6 AGE (IN YEARS LAST BIR	YRS.	NTHS DAYS	IF UNDER 24 HE HOURS MIN
Voll	1is	PLACE ISTATE OR FO (RY) SISSIPP OR TOWN OF DEA	i	U.S.A		MARRIE WIDOW	ED NEVER MARRIED DEDX DIVORCED DOROTHER INSTITUTION	9 BALTIMORE CITY C	Cou	ntv	DE BUSINESS
81 C	206	OMBIA ESIDENCE (IF NURS	1	OWAF	RD COUN	HODRESS)	eneral Hosp	(TYPE OF WORK FOR MOST OF HOmemake)	OF WORKING LIFE)	Own H	
35 n	n. STAT		HOWK		Co LUM	WN	13d. INSIDE CITY LIMITS? YES NO X	136 STREET ADDRESS	. /	1044 - 94	RD
30		Silas	MIDE		Dobb		Nancy	ADDR		idges	3
16a	(YEST	DECEASED EVER NO OR UNKNOWN)	IN U.S. ARMEI (IF YES, GIVE WA		166 SOCIAL SEC 007-40		Jeanne Fri		Same a		3
1011101	9	onditions, if ony, ove rise to imn		(b)	VENTI	icula	1 Arrlythm	IA		-	min
intury, or other	PA	ouse (a), statin- nderlying couse	NIFICANT COM	VDITIONS CO	R AS A CONSEOL	scle	notic Card	LOVA SCULAN		2	ears
IS ON INFORMATION STIFICATION	PA	ouse (a), statin- nderlying couse	NIFICANT COM	NDITIONS CO	A Phane	DEATH BUT	T NOT RELATED TO THE TER/	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [WERE FINDING CAUSES	NGS USED
tem 18 shows ony injury, or other to the CETTFICATION	PA 19a	ouse (o), stating couse RT 2. OTHER SIGN	IOST NIFICANT COM COM ONI TION DERLYING CAUSE OF DEATH	NDITIONS CO	DATRIBUTING TO	DEATH BUT	NOT RELATED TO THE TERMON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [WERE FINDING CAUSES	NGS USED OF DEATH?
MEDICAL CERTIFICATION	PA 19a 19a 0F 216 0F 216 W	DATE OF OPERAT ACCIDENT WAS UND CONTRIBUTING	IOST WIFICANT CON DERLYING CAUSE OF DEATH AL EXAMINER) RED	PLOUR A.	DITRIBUTING TO	DEATH BUT H OPERATION DAY YEAR	T NOT RELATED TO THE TERMON WAS PERFORMED	200 AUTOPSY? YES NO	20b. IF YES, V IN CERTIFYIN YES [RY IN ITEM 18, PART	WERE FINDING CAUSES	NGS USED OF DEATH?
	PAA 19a 21c OF (IF) 21c WAT	DATE OF OPERAT NONE ACCIDENT WAS UND CONTRIBUTING LINJURY OCCURR WORK AT WO LI certify that (1)	NIFICANT COMENT ON THE CAUSE OF DEATH AL EXAMINER) RED (this hospitol)	NDITIONS CO A 19b. COND 21b. TIME O HOUR A. P. 21e PLACE (AT HOME, STE	DITRIBUTING TO	DAY YEAR 19 19 19 19	216. HOW INJURY OCCUP	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	DITION GIVEN 206. IF YES, V IN CERTIFY IN YES RY IN ITEM 18, PART	WERE FINDING CAUSES TORPART 2) COUNTY	NGS USED OF DEATH? NO The state tho (I) we)
Hem 21 is morked or frem 1	21d OF	DATE OF OPERAT NONE ACCIDENT WAS UND CONTRIBUTING CONTRIBUTING INJURY OCCURR WORK AT WO CONTRIBUTING INJURY OCCURR WORK SOW the deceose Oboy I I (we'd) SIGNATURE	NIFICANT COMENT ON THE COMENT OF THE COMENT	PLACE (AT HOME, STE	ONTRIBUTING TO ITION FOR WHICH IF INJURY M. MONTH E M. OF INJURY REET, FACTORY, OFFICE. e deceosed from, ofter death.	DAY YEAR 19 19 19 19	21c. HOW INJURY OCCUP 21c. HOW INJURY OCCUP 21f. LOCATION STREET 19 80 nd that ip (m) (our) opinion DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJU	20b. IF YES, V IN CERTIFYIN YES IN TEM 18, PART WN 19 01e ond hour o	WERE FINDING CAUSES COUNTY COUNTY 1 OF PART 2) 1 OF PART 2) 1 OF PART 2)	NGS USED OF DEATH? NO STATE tho (I) we) couses stoted SIGNED
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DHMH - 16 50M 1/76 (VR A 15 (4))

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	1			STATE OF MARYLAND		
	1.	FOR STATE	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE R 41	3 9 5 6
	L	REGISTRAR	ANDDIE.	LAST	REG. NO.	DAY YEAR 26 HOUR
e 64		CEASED NAME FIRST	4		20. DATE OF DEATH MONTH	008
oy be		Edne		mason	6 AGE (IN YEARS LAST BIRTHDAY)	1 FUNDER I YEAR IF UNDER 24 HRS
E .	3. SE	_	4. RACE	S. DATE OF BIRTH	AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
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人们的		RTHPLACE (STATE OR FOREIGN	Th CITIZEN OF WHAT COUNTRYS	MARRIED ☐ NEVER MARRIED ☐ WIDOWED 🔀 DIVORCED ☐	P BALTIMORE CITY OR COUNTY	MD.
10 10 10	10. C	TY OR TOWN OF DEATH	(IF NOT IN SUCH EACILITY, GIVE STREE	ADDRESS)	(TYPE OF WORK FOR MOST OF WORKING HOUSELD LTO	126 KIND OF BUSINESS OR INDUSTRY
orthin 24 hour	USU 13a	AL RESIDENCE (IF NURSING HOME OR STATE 136 COUN		FADMISSION) VN 13d INSIDE CITY LIMITS? VYES \(\text{V} \) NO \(\text{V} \)	136 STREET ADDRESS / ZIP CO	DE 31646
thin thin	14. E	THER'S NAME	amos Costa	15 MOTHER'S MAIDEN NA	ME	Rd
omple omple	1/2 >	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SEC	URITY NO. 17 INFORMANT	AH E, 1)	DORE
on ond c			E WAR OR DATES) 217-22	-4363 M. Engl	e.U.S. Ho	Cty-ben Ele
63 U 65		18. CAUSE OF DEATH (Enter on PART I, DEATH WAS CAUSE	ly one couse per line for (a), (b), a		, .	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
			E CAUSE (0) Probable	myocardial infarc	tion	14010
th cert nding corbor , or ret		4100	DUE TO, OR AS A CONSEQU	ENCE OF		. 10
e offer move notion troun		Conditions, if any, which gave rise to immediate	(16) ATREPOSET	entic cereproscula	as dispase	years
by th by th Ose re I, crer other		couse (a), stating the underlying couse lost	DUE TO, OR AS A CONSEOL	ENCE OF		
quires signe hen p to bur njury,	NO	PART 2 OTHER SIGNIFICANT (ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	NINAL DISEASE OR CONDITION (GIVEN IN PART Ita
been mit. I	CERTIFICATION	196 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206 IF	YES, WERE FINDINGS USED PATHY
he lo	Ē				YES NO	YES NO
Clan I		218. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	YEAR 19	RED (FINTER MATURE OF INJURY IN ITEM	8 PART OR PART 2)
A We have	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211 LOCATION	CITY OR TOWN	COUNTY STATE
0 + + + 0 P	≥	AT WORK AT WORK	(AT HOME STREET FACTORY, OFFICE	FARM EIC)	,	
N 4 2 E	1	22a I certify that (I) (this hospi	tal) attended the deceased from.	5/24 19 84	to 5724	
2 4 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	1	saw the deceased alive on	1) view the bady alter death.	, and that in (my) (aur) apinion	death accurred an the date and h	iaui and from the causes stated
H A BE		TTE SIGNATURE	7 0 >	DEGREE		22c. DATE SIGNED
AL DAL D	1	1 tealer 2	enil ans	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	5/24/84
HOSPITA pined by PUNERA th the State	1	THEPHYSIC AN'S NAME (TYPE)	PRIVIT	22e ADDRESS HCG+	ellor Love	
HOS FUN	I	stephen L	emel M.D.	colun		44
51 2213		BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR GREMATORY	23d LOCATION	coulty States A
BP		BURIAL	5-30-84 (suiltord Cemela	4 COlumbia	HOWARD MA
DHMH - 16 50M 4/83 (VRA 15, 4)	24. F	UNERAL DIRECTOR NAME DESCRIPTION NE DESCRIPTION	Deuden 24 Bress	L.WASh. ST. 130 DAT	TEREC'D. BY REGISTRAR 25b. REG	ISTRAR'S SIGNATURE
		2-140 11.01	TOUT TOUT	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		



STATE OF MARYLAND

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FOR STATE REGISTRAR		ICATE OF DEATH	GIENE REG. NO	139	5 /
1. DECEASED NAME FIRST (TYPE OR PRINT) GEORGE		MASSEY		MONTH DAY YEAR 95 06 84	NOON M
FEMALE	1. RACE S. DATE COMONITOR OF	DAY YEAR		YRS.	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY) MARYLAND	U.S.A. WIDOWE	- Carrier - Carr	HOWAR	ED COUN.	TY MD.
ELLICOTT CITY	1 20011 1100010	AVE.	12d. USUAL OCCUPATIO (TYPE OF WORK FOR MOST OF SELF-EMPL	WORKING LIFE) INDUSTR	OF BUSINESS OR Y AUTICIAN
MARYLAND 13b. COL	OR OTHER INSTITUTION. GIVE RESIDENCE BEFORE ADMISSION) JINTY WARD LUICOTT LTY	13d. INSIDE CITY LIMITS?		ROOMS AVE	7 2104:
FATHER'S NAME CHARLES	BLAUTIFIED	15. MOTHER'S MAIDEN NA	MIDDLE		TIRELL
(YES, NO PRINKHOWN) (IF YES, G	IRMED FORCES? 166. SOCIAL SECURITY NO. 100 Per WAR OR DATES) 220 - 22 - 6731	AENES CLASE		BINE MO	21797
PART I. DEATH WAS CAUS	ATE CAUSE (a) CAPACIAE A	RREST		sim	OXIMATE INTERVAL IN ONSET AND DEATH WLTANGOV
Conditions, if ony, which gave rise to immediate cause (a), stating the underlying couse last.	DUE TO, OR AS A CONSEQUENCE OF	ve Cardior	aseular D	riseuse 4	ears
	CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE OR COND	DITION GIVEN IN PART	lto:
190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	196. CONDITION FOR WHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIND IN CERTIFYING CAUSI YES []	
OR CONTRIBUTING CAUSE OF D		21c. HOW INJURY OCCUP	RRED (ENTER NATURE OF INJUR	Y IN ITEM 18 PART I OR PART 2	
(IF EITHER, NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE NOTIFY HILE ALL WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	WN COUNTY	STATE
saw the deceased alive a	direitoro inc deceased from Still	10 - 3 , 19 79 and that in (my) (-) apinion	deoth occurred an the da	ite and haur and fram th	n, that (I) (ne) last he causes stated
226. SIGNATURE		DEGREE ATTENDING PHYSICIAN	MEDICAL STAF	F	107/84

TO FUNERAL DIRECTOR. should be detached for un MPORTANT, If He

m.0

Balt. Nati. Pike Ellicott City, A MATORY 136 LOCATION GDN, MARCHOTSV. HLE

230 BURIAL, CREMATION, REMOVAL DHMH - 16 50M 4/83

(VRA 15, 4)

24 FUNERAL DIRECTOR

ACK FUNCAL HOMES

236. DATE 5-8

TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOURS AFTER DEATH F ANY DELAY IS EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 18. GIVE PAGES 1. 2. AND 31.01 PPAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WITH FORM 79. RETAIN PIGE S TO PUBERAL DISPECTOR, PAGES 3 SHOULD BE USED AS A BUSINAL - TRANSIT PERMIT PAGES 1-AND 2 SHOULD BE FOR A RETAIN PAGE SHOULD BE USED AS A BUSINAL - TRANSIT PERMIT PAGES 1-AND 2 SHOULD BE PRIFE AFTER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIERE, DIVISION OF THE PECORDS ON BALTIMORE, MARYLAND, 21201 PPIOR TO BURIAL, CREMATION, OR REMOVALE.
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20M 4/82

STATE OF MARYLAND **DEPARTMENT OF HEALTH AND MENTAL HYGIENE**

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KEG. NO.	REG.	NO.	3	7	2	O

1,	STATE REGISTR	AR			MED	DICAL	EXAM	NER'S	CERTIFI	CATE	OF DE	ATH	ì	REG.	10.	5	4	2
	PE OR PRINT)		FIRST			MIDDLE			LAST			20. DA		NOWN ESTI-	_ ^	НТИОЛ	DAY	YE
	,		Raymor	nd				1	McCul.	len					×	5	20	198
3. SE.	x [ale	4. RAC	ite	5. DATE (MONTH 9-22	DAY	YEAR	6 AGE (IN LAST BIRT 40		NDER 1 YR,	IF UNDE Hours	MIN.	PRON	OUNC EAD	ED	MC	5	21	198
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	rego	N OF DEA	TU	US		DIT AL AII	IBS INC HO	WIDO\		DIVOR				ard			У 12b. КТ	ND O
1	Ellic	cott C	ity	(IF NOT	INSUCH FACE	West	STREET ADDRES	ngs D:		011014	FOI	R MOST OF	WORKI					RIND
13a. S	AL RESIDE STATE ryla:		13b COUNT Howa	ſΥ	ITUTION, GIV	13c CIT	EBEFORE ADM Y OR TOWN .COTT	1	13d. INS10E YES	(ITY LIMITS? NO [REET AD		ring	gs :	Dri	ve	6
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16a. \	WAS DEC	EASED EVER	IN U.S. ARM	AED FORC	ES?	_	CIAL SECU		17. INFOR					ADDRE	SS			
	YES, NO, OR		(IF YES, GIVE W		5]	542	-42-2	461	Wif	e	sa	me a	s 1	.3 a	-e			
	9	55C	IMMEDIATI				NSEQUENC		head		(re	volv	er)				+	
	ga- cau lyir	nditions, if we rise to use (a) stating ig couse lost	immediate g the <u>under</u> -	DU	(b) E TO, OR	AS A CO	nse q uen(
rion	gar car lyir	ve rise ta use (a) stating og couse lost THER SIGNIFICAN	immediate g the <u>under</u> IT CONDITIONS C	CONTRIBUTION	(b)E TO, OR (c)	AS A COI	NSEQUENC ATEO TO THE T	ERMINAL OISEA			PART 1 (o).							
ICATION	gar car lyir	ve rise ta use (a) stating ng couse lost	immediate g the <u>under</u> IT CONDITIONS C	CONTRIBUTION	(b)E TO, OR (c)	AS A COI	NSEQUENC ATEO TO THE T				PART 1 (o).							
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MEDICAL CERTIFICATION	PART 2 0 19a. DA 21a. EXI UNDER CONTR	re rise ta use (a) stating g couse lost THER SIGNIFICAN TE OF OPER ERNAL CAU LYING	ATION SE WAS OR CAUSE OF D	CONTRIBUTION 191 21b H DEATH	(c)	AS A COL	NSEQUENCE ATEO TO THE T WHICH OF I DAY YEE 20 18 ((AT HOME ETC.)	PERATION V	VAS PERFO	RMED?	RED (ENTE	CITY	OR TOWN	4		cou	RT 2]	AUTO YES (
MEDICAL CERTIFICATION	PART 2 0 190. DA 210. EXT UNDER CONTR 71d. INJ WHILE AT WO	THER SIGNIFICAN TE OF OPERI ERNAL CAU LISUIT OF OPERI ERNAL CAU LISUIT OF OPERI ERNAL CAU LISUIT OF OPERI LISUIT OF OPERI RK AT V I certify that resulted from	ATION SE WAS OR CAUSE OF D WHILE VORK I took charge	CONTRIBUTION 191 21th H 22th	(b) ETO, OR. (c) OR. GTO OFATH IS CONDIT. TIME OF OUR A.M. P.M. PLACE C. PLACE C. PACT.	BUT NOT REL ION FOR INJURY MONTH 5 FINJURY ORY, FARM, home	ATEO TO THE T WHICH OF J DAY YE ON THE TOTAL THE	PERATION V	OW INJUR Self : OCATION SIREE 37E W DOSY X Hom	RMED?	red (ENTE cted ings ian,	Dr.	E Ulry	llic	cott and in],	cou	RT 2]	YES , HC
2	PART 2 0 19a. DA 21a. EXI UNDER CONTR 21d. INJ WHILE AT WO 22a. death ACTUA SIGNA	THER SIGNIFICAN TE OF OPER. TE OF OPER. TENAL CAU LERNAL CAU L	ATION SE WAS OR CAUSE OF D RED WHILE VORK I took charge I' Noture	CONTRIBUTION 191 21th H 21th 21th according to the real courses Cari	(b) ETO, OR (c) GTO OF ATM IS OF OUR A.M. PLACE C STREET, FACT.	AS A COLOR RELEVANCE TO THE RELEVANCE RELEVANC	WHICH OF 18 (AT HOME FTC.)	ERATION V ERATION V Autorities Suicide Suicide Autorities	OW INJUR Self: CATION SIREE 37E W. OSY X. Hom TITLE (A.D. ASS.	RMED? Y OCCURI Infli Spr Inspect (SPECIFY) Sista	cted ings ing Unde	Inq	E UITY EXAMINE	llic	cott and in],	co. t C: my op	ity inian	YES

Budhell all the same THE WAY 33 KM PROPERTY

2 1	- STATE REGISTRAR		ALTH AND MENTAL HYGIE CATE OF DEATH	8 0	3 9 5 9
	DECEASED NAME FIRST	Mc Dor	101	REG. NO.	DAY YEAR 26 HOUR
3.5	SEX M	4 RACE S. DATE OF MONTH	BIRTH DAY YEAR	AGE (IN YEAR LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HR
2.00	BIRTHPLACE (STATE OR FOREIGN	7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED WIDOWED	NEVER MARRIED .	BALTIMORE CITY OR COUNT	Y OF DEATH
0	COlumbiat	11. NAME OF HOSPITAL, NURSING HOME OR	OTHER INSTITUTION	28. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING L	12b. KIND OF BUSINESS C INDUSTRY
35	a. STATE	Lowane Junto	AF NO [36.STREET ADDRESS / ZIP COD	Celan La
30	Charles McDone		S. MOTHER'S MAIDEN NAM! Nelite Ste	WIDDLE	LAST
	WAS DECEASED EVER IN U.S. AI (YES, NO OR UNKNOWN) (IF YES, G'	IVE WAR OR DATES)	7. INFORMANT Mrs Sue Graha	ADDRESS m 8498 Roberts	21043 RD Ellicott C
	PART I. DEATH WAS CAUS	nly ane cause per line for (a), (b), and (c).) ED BY: TE CAUSE (a). DUE TO, OR AS CONSEQUENCE OF (b). DUE TO, OR AS A CONSEQUENCE OF	regs.		APPROXIMATE INTERVAL BETWEEN ONSET AND DEAT
NO		CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMIN		
Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z Z	190 DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION	WAS PERFORMED	IN CERTI	S, WERE FINDINGS USED FYING CAUSES OF DEATH?
(1) A	OR CONTRIBUTING DE CONTRIBUTING	HOUR A.M. MONTH DAY YEAR	21c. HOW INJURY OCCURRE	D (ENTER NATURE OF INJURY IN ITEM 18	PART I OR PART 2)
MEDIC	21d. INJURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION	CITY OR TOWN	COUNTY STATE
1	saw the deceased alive a	n 19 19 19 19 19 19 19 19 19 19 19 19 19	that in (my) (our) opinion de	oth occurred on the date and ha	ur and from the causes stated
	22b. SIGNATURE WILLIAM	flour m		MEDICAL STAFF DIRECTOR PHYSICIAN	226. DATE SIGNED
1	22d PHYSICIAN'S NAME (TYPE	Flowers Mo	Columbia		
230	BURIAL, CREMATION, REMOVA		Las Nat'1 Cem	El Paso Texa	
	FUNERALDIRECTOR ATTYMH Witzke 4:	ll2 ColumbiaRd Ellicott		PEC'D. BY REGISTRAR 256 REGIS	TRAR'S SIGNATURE Daydson-Randow

STATE OF MARYLAND

THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.

dent val

Ilegolai estrul

Jesus Jesus Jesus

051 22 9704 I've See Graham 8498 Roberts RD Ellicott City

Entres

Hav 24, 1784 Fort Biles Mat'l Com | El, Pano Tomas

Harry H values file Columbiand Filesort City (1984) 55 cond

DHMH - 17 (VR A15 ME (5)) 20M 4/82

Harry

Witzke 4112 Columbia RD Ellicott City

	Item 50	3593	7/23/	/84JAB	D	EPARTM			MARYLAN H AND ME		HYGIEN	IE						
1-	STATE REGISTRAR				MED	ICAL E	MAA	NER'S	CERTIFIC	CATEC	OF DE	HTA	REC	S. NO.	3	9	Ó	U
	CEASED NAM	ΛE	FIRST			MIDDLE			LAST				KNOW	_	HTMOM	DAY	YEAR	26 HOUR
2	PE OR PRINTI	F	lerber	ct		T.			Metzge	r		OF DEAT	ESTI- H MATE	X c	5	7	1984	M
1. 秀	X	4. RACE		S PATE OF	BILL	1923 6	AGE (IN YE	EARS IF U	NDER I YR.	IF UNDER		2c. DA		-	HTHOM	DAY	YEAR	2d HOUR
	ale	Whi	te	Hay	7, 1	984	61 Y	YRS. MON	THS DAYS	HOURS	MIN	PRONOI DE			5/:	28	1984	12:35
	HPLACE (S			76 CITIZEN	OF WHA	AT COUNTR	Y?	8. MARI	RIED NEV	VER MARR	RIED 🗌		MORE CI	_			EATH	ı
9	Penna					S.A.			WED 🙀	DIVORC			loward					MD.
)	ITY OR TOWN		H	(IF NOT IN	SUCH FACIL	ILITY, GIVE STREE	ET ADDRESS))	HER INSTITUT		FOR.		UPATION ORKING LIFE		F WORK		ND OF BU INDUST	
	Elkride			6620	Was	hingto	on Bl	Lvd-T	<u>railer</u>	Park	CO1	mput	or or	era	tor	Rai	1ros	ıd
13a.5	AL RESIDENCE	E (IF IN NUR	13b. COUNT	Y OTHER INSTITU	JTION, GIVE	13c. CITY OF	R TOWN	(ION)	13d. INSIDE CI	ITY LIMITS?		REET ADD						
	aryland		Howar	d		Elked	dee		YES 🗌	NO 🗌			ashin	gto	n B	Lcd.	212	27
ji. F	ATHER'S NAM			MIDDLE		LAS	ST		15. MOTHE	R'S MAIDE	EN NAME		WIDDLE				LAST	
	late H	lerbe	rt T		nr_S	år				late	un	know	2					
16a. \	WAS DECEASE	ED EVER I	NU.S. ARM	AED FORCES	5?	16b. SOCIA			17. INFORM	AANT			AD	ressni	kfor	t K	v. 4	0601
	Yes		WW .	TIOR DATES)		189	12 2	678	Thoma	ıs Me	tzga	r 608	Ray	enc	rest	Ap	ts	0002
	18. CAUSE C	OF DEATH	(Enter only	y one couse	per line fo	or (o), (b), o	ind (c).)									AP	PROXIMAT	TE INTERVAL ET AND DEATH
	PARTID	EATHWA	AS CAUSED	BY:	Art	erios	clerc	otic	cardio	vascu	ılar	dise	ase			-	11214	. 1 1-1-1-1
	42	172	p.			AS A CONSE												
		ons, if or	ny, which) (b	1													
	couse (o	o) stating t	the under-	<	/	S A CONSE	QUENCE	OF										
	lying co	use lost.		(c)													
	PART 2 OTHER S	SIGNIFICANI	CONDITIONS C	ONTRIBUTING 1	O DE ATH BU	T NOT RELATED	TO THE TER	MINAL DISEA	ISE OR CONDITION	GIVEN IN PA	ART I (o).					-		
Z					Diab	etes N	Melli	Ltus										
AT	19a. DATE O	F OPERAT	ION	196. (CONDITION	ON FOR WE	HICH OPE	RATION V	WAS PERFORM	MED?						20 A	UTOPSY	?
CERTIFICATION																Y	ES 🗆	NO X
CER	21s. EXTERN	-			TIME OF II		WE A	21c. F	HOW INJURY	OCCURRE	ED (ENTER	NATURE OF	INJURY IN ITE	M 18 PAR	T 1 OR PAF			
AL	UNDERLYING				UR A.M.	MONTH D	DAY YEA	R										
EDICAL	21d INJURY					FINJURY (21f 10	OCATION									
W	WHILE AT WORK					DRY, FARM, ETC.)			STREET			CITY OR 1	NWOT		COU	YINU		STATE
							4.7				(77)							
	22a. I cert	tify that I	took chorge	_	374	ribed obove,	, held on	Autor	psy .	Inspectio	w X.	Inquir	у Ц.	ond i	in my op	попп		
	death result	Ited from:	Natur	al couses	7. 7	Accident _	,s,	iuicide	, Homici	ide .	Undet	termined i	monner [
	ACTUAL		9	1	25				TITLE (SF						2475		- /00	10.4
	SIGNATURE		/	VA	TX	1		^	A.D. ASS	istan	It MED	ICALEXA	AMINER		SIGNE	D	5/28,	/84
/	EXAMINER'S (TYPE OR PRI		G	regor	y R	Kaufi	fman,	M.D	•ADDRESS	111	l Pen	n St	. Ba	alto	. , MJ	D.		
23a B	BURIAL, CREMA								OR CREMATO		234 10	CATION						
- (Cremat			June	2. 1				Mem. P		CITY	aton	svil	le E	alt	o. 1	Mary	Tand
24. F	UNERAL DIREC			00110	_,	7 7 .				25a. DATE								9

25h REGISTRAR'S SIGNATURE

date Berbert T Metagat Sr

Lowerland redereds reducted

Maryland Howard Clayland Sale Saidaston Mich. 21222

Intoneville Malto. Marylandi

Vos 12 15 12 2678 Thomas Notagar 505 havenerous April

Cremetten June 2, 1964 Scatolica .co. Ph.

BERRY II MILLS OF THE COLUMN BY FILLHOOD CITY L.

l	FOR STATE REGISTRAR			DEPARTI	MENT OF H	OF MARYLAND EALTH AND MENTAL ICATE OF DEATH	HYGIENE	B 4 REG. N	10.	3	9	6
	DECEASED NAME YPE OR PRINT)	JOHN		Kasper	2 4	wck Jr		ATE OF DEATH	MONTH 5	ZS	8 y	1:511
	Male	4. F	RACE Whit		5. DATE C	DAY YEAR	6 AG	63	RIHDAY)YRS	MONIH	DER 1 YEAR S DAYS	IF UNDER 24 H
L	BIRTHPLACE (STATE C COUNTRY) Maryland]	WHAT COUNTRY?	WIDOWE	<u> </u>	H	oward Co	unty			
L	Columbia		Howard Howard	A County	Gener	al Hospital	(TYPE	JSUAL OCCUPAT OF WORK FOR MOST elder		LIFE) IN	DUSTRY	of Business tructi
130	STATE Maryland FATHER'S NAME	Baltim		Arbutus	/N	13d. INSIDE CITY LIMITS YES NO TO	5	treet address 512 Oak]			212	27
1	John Kaspe		Sr.	(AST		Ida Mae B		ADDR	Ecc		LAS	iT .
	WAS DECEASED EVE {YES, NO OR UNKNOWN} VES	(IF YES, GIVE W/		218-03-9		Mrs. Ruth	Monek			nd R		
		WAS CAUSED 8'	Y: (line for 101, (b), on		romany a	مر	nt				interval onset and dea
	Conditions, if ar		DUE TO, O	septic		ck, can	digge	nic Sho	ck		M	intes
	cause (a), sta underlying cau	ting the		R AS A CONSEQU		ery disease	53	psis.			1200	s/mi
NOIL		Zenal		ailme		NOT RELATED TO THE T						
CERTIFICATION	190 DATE OF OPER				OPERATIO	N WAS PERFORMED	YE	S NO	IN CER	TIFYING YES [CAUSES	NGS USED OF DEATH?
	OR CONTRIBUTION	CAUSE OF DEATH	21b. TIME O HOUR A. P.	m. Month D. m.	AY YEAR	21c HOW INJURY OC	CURRED (enter nature of inj	JRY IN ITEM)	8 PART I O	PART 2)	
MEDICAL	MUITE NOT	WHILE D	21e PLACE	OF INJURY REET FACTORY OFFICE, F	FARM ETC)	216 LOCATION STREET		CITY OR TO	OWN	()	OUNTY	STATE
	27a certify that saw the dece- obove, (1) (we		5/25	19_	84.01	id that in (my) (our) opin	nion deoth	occurred on the o	lote and h	19 g	from the	that (1) (we) couses stated

12b. KIND OF BUSINESS OR INDUSTRY Construction

that (I) (we) lost

STAFF DIRECTOR PHYSICIAN APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

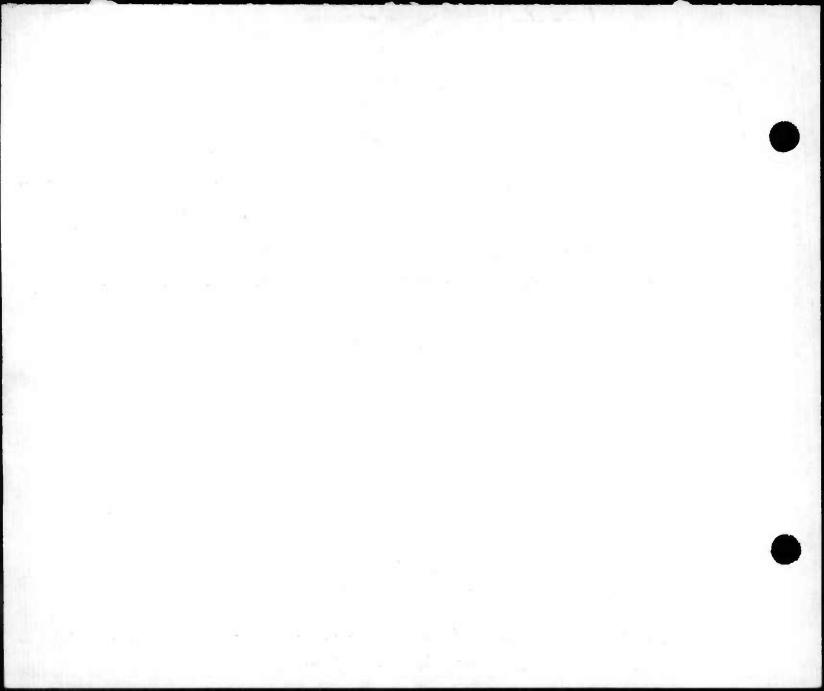
IF UNDER 24 HR

TO FUNERAL DIRECTOR shauld be detached with the State Dept MPORTANT: If the etoined by the 230 NAME OF CEMETERY OR CREMATORY 23d LOCATION 230 BURIAL, CREMATION, REMOVAL 23b. DATE Maryland Veterans S | Crownsville 250 DATE RECD BY REGISTRAR 256 RE MAY 25 1984 May 29.84 Maryland Rurial 24 FUNERAL DIRECTOR 256. REGISTRARIS SIGNAM Ambrose Funeral Home 1328 Sulphur Spring Rd. (VRA 15, 4)

DEGREE

DHMH - 16 50M 4/83

, the burial-tronsit permit. Then please remave corbonpape ond Mental Hygiene prior to burial, cremation, or removal.



STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

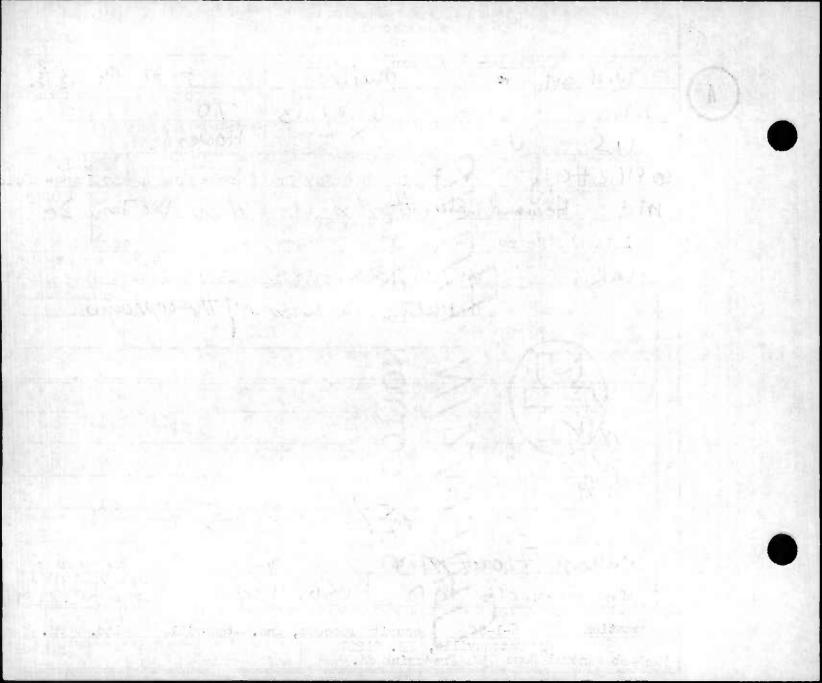
REG. NO.	3	4	6	6
DEATH MONTH	DAY	YEAR	2h H	OHP

1.	STATE REGISTRAR		CERTIFIC	ATE OF DEATH	8 4	EG. NO.	3 9	5 %
	CEASED NAME THST W	Villiam [™] Mil	tomu	Muller	2a DATE OF DE	5 31	BY YEAR	328 M
3, 56	× 10.0	4. RACE	5. DATE OF B	IRTH YEAR	6. AGE IN YEARS	AST BIRTHDAY)	MONTHS DAYS	IF UNDER 24 HRS HOURS MIN.
2+ B	RTHPLACE ANTARIOA CARDELON	hite THE CHIZEN OF WHAT COUNTRY	4	27 13	9 BALTIMORE	YRS.	V OF DEATH	
	COUNTRY	US	MARRIED WIDOWED	NEVER MARRIED [HOL	erd.	II OF DEATH	MD.
6	Ellicotta+	11. NAME OF HOSPITAL, NURS	ET ADDRESS)	ee Jay Dr	120. USUAL OCC (TYPE OF WORK FOR Purcha	MOST OF WORKING		angenfel
134	AL RESIDENCE (# NUMBERO NOME OF	wond Ellic	off 1	I INSIDE CITY LIMITS?	13e STREET ADD	Dec Dec	Jany	21043 DC
1		Mulle		MOTHER'S MAIDEN N	MI.	DDIE	Merric	k
16a. 3	WAS DECEASED EVER IN U.S. AR	MED FORCES? HA SOCIAL SEC		INFORMANT		ADDRESS 41	26 Dee	Jay Dr.
	TOPA K.	ly one cause per line far (a), (b), o		Jessie M	. Muller	FITIC		ty 21043
NOI	gove rise to insmediate couse (a), storing the underlying covie last. PART 2 OTHER SIGNIFICANT (DUE TO, OR AS A CONSEQUENCE ON DITIONS CONTRIBUTING TO		T RELATED TO THE TER	RMINAL DISEASE OF	CONDITION G	IVEN IN PART I	0)
CENTIFICATION	He DATE OF OPERATION	196 CONDITION FOR WHIC	H OPERATION V	/AS PERFORMED	YES NO	IN CERT	ES, WERE FINDING FEYING CAUSES FES	NGS USED OF DEATH?
MEDICAL CER	226. SIGNATURE 226. PHYSICIAN'S NAME (TYPE C	HOUR A.M. MONTH 21e PLACE OF INJURY (AT HOME STREET, FACTORY OFFICE 101) att did the deceased from H. W. The body after death. A CREMINITY OR PRINTY	DAY YEAR E, FARM, ETC.) DEC	I. LOCATION STREET I. LOCATION STREET ATTENDING PHYSICIAN ADDRESS	Cit 34, to _ (5_	Y OR TOWN	COUNTY 19 6 4	state that (I) (we) last couses stated SIGNED
220	BURIAL CREMATION, REMOVAL	123b. DATE 123c) I	TERY OR CREMATORY	123d. LOCATIO	111	COK' KI	C. 2108
230	(SPECIFY) Cremation				nc Catons	M	Balto.	Md.
24 F	uneral director ac Nabb Funeral	Catonsville	Md. 212	25a. D.	ATE REC'D. BY REGIS		Dame And -	anaste

DHMH-16 30M 2/80 (VRA 15, 4)

TO FUNERAL DIRECTOR.

MPORTANT: # H



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed

retained by the haspital ar attending physician

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician

should be detached for use as the burial-transit permit. Then please remove corbangape with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

IMPORTANT: If them 21 is marked ar Item 18 shows any

	1	
-	1	

page 3

and camp etely

please remave carbanpapers. Pages

injury, ar other traumatic event, the

STATE OF MARYLAND

1 - FOR STATE REGISTRAR BEATRICE E. MU	400	OF HEALTH AND MENTAL HYO RTIFICATE OF DEATH	GIENE REG. NO.	3 9 6 3
1. DECEASED NAME FIRST BLATTRICE	E, M	URPAY	20 DATE OF DEATH MONTH	18 84 147 PM
FEMALE 8	LACK	ATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	
Jamaica Jan	aica wid	ARRIED NEVER MARRIED DOWED DIVORCED	BALTIMORE CITY OR COUNTY OF COUNTY O	County MD
COZUMBIA HOUM	SUCH FACILITY, GIVE STREET ADDRESS	PAZ HOSPITAL	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	Cleaning Staff
USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITU 136. STATE HOWARD	13c. CITY OR TOWN	13d INSIDE CITY LIMITS?	130 STREET ADDRESS 5907 HARPBOS	PARM RD
4. FATHER'S NAME Joshua Middle	Brown	15. MOTHER'S MAIDEN NA	MIDDLE	Whitelock
160 WAS DECEASED EVER IN U.S. ARMED FORCE (YES NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES			appress #	13
	MORROWHACA	LUR ACCIDENT		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH DAYS YPS
Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last (c)	, OR AS A CONSEQUENCE	OF		
PART 2 OTHER SIGNIFICANT CONDITIONS URLINELY TRACE 190. DATE OF OPERATION 19b. CO 21c. ACCIDENT WAS UNDERLYING 21b. TIM	CONTRIBUTING TO DEATH N : SEPSIS; NOTITION FOR WHICH OPER	DIABETES MESUI	705 200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED
210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH HOUR (IF EITHER, NOTIFY MEDICAL EXAMINER)	E OF INJURY A.M. MONTH DAY Y	ZEAR	YES NO NO NET THE NATURE OF INJURY IN ITEM 1	TIFYING CAUSES OF DEATH? YES NO 1 18, PART 1 OR PART 2)
21d. INJURY OCCURRED 21e PLA	CE OF INJURY , STREET, FACTORY, OFFICE, FARM, ET	21f. LOCATION	CITY OR TOWN	COUNTY STATE
saw the deceased alive an 5,15	the deceased fram 30 deceased fram 19 deceased fram 19	, 19, and that in (my) () apinian	, ta <u>5:/8:84</u> death accurred on the date and h	, 19, that (I) (last aur and from the causes stated

ATTENDING PHYSICIAN

250. DATE

MEDICAL STAFF
DIRECTOR PHYSICIAN

CIAN'S NAME (TYPE OR PRINT)

22e ADDRESS

23d. LOCATION
CITY OR TOWN

Marriottsville

RV REGISTRAR 25b. REGISTRAR'S SIGNATURE

Navidson-Ran

230. BURIAL, CREMATION, REMOVAL Burial

23b. DATE 5/23/84 23c NAME OF CEMETERY OR CREMATORY Crestlawn Cemetery

STATE

DHMH - 16 50M 1/76 (VR A 15 (4))

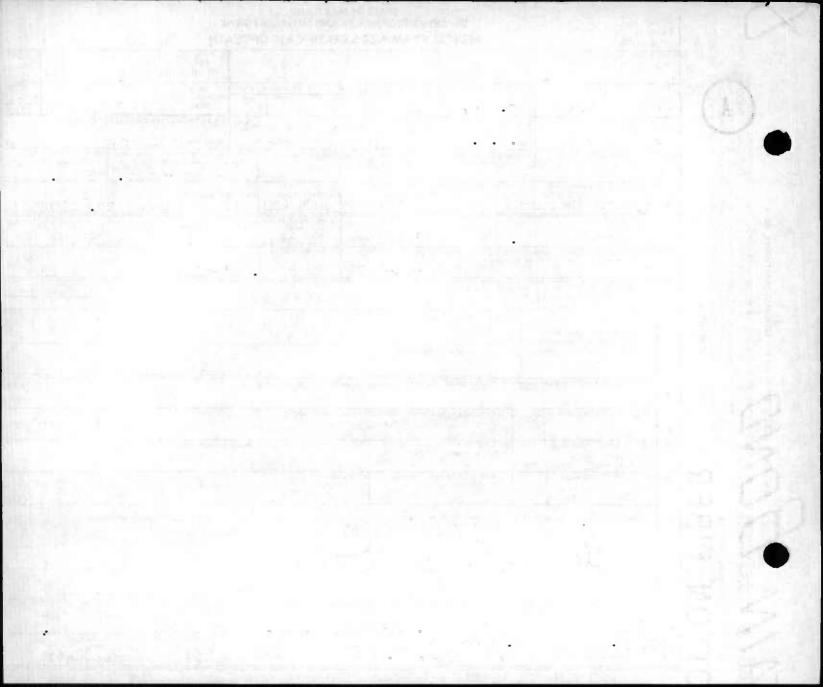
BP

Lergy Mr. & Russell C. Witzke Funeral 5555 Twin Knolls Road, Columbia, Md. Home P.A. 21045

relia Davidson-Randale

SUCCESS AND COME. A MAN THE STATE OF THE PARTY OF THE COME STORY TO SEE STATE OF THE PROPERTY.

-	FOR STATE REGISTRAR			_	ICAL	MENT OF	HEALTI		ENTAL		_	RE	. NO.	3	9	6 4	-
(TYF	CEASED NA E OR PRINT)	KEV:			P.			MALLE			20 DATE OF DEATH	KNOV EST MATE	-	MONTH 5	DAY 24	1984	26 HOL
4	ale	4. RACE White	Dec.						HOURS	R 24 HRS.	2c. DAT PRONOU DEA	D INCED		монтн	24	19 84	2d HOI 12:
Pe		lvania	U.S	EN OF WH			WIDOV		DIVOR	CED 🗆		vard	Col	- ınty			
10	columb		523	T IN SUCH FAC	ility, GIVE S ledge	RSING HOM TREET ADDRESS)		HER INSTITU	ITION	FOR	JAL OCCI MOST OF WO uden	ORKING LI	FE)		0	ND OF BURNDUST	
13a. S Má	aryla			TITUTION, GIV	13c. CITY	OR TOWN		13d INSIDE (Хои	52	EET ADDR		edo	ge C	Ct.	210	45
ł	Edwa	ne rd SED EVER IN U.S. 7	M •	CES?	(Mal			ER'S MAID FIRST LLICI MANT			Ann	DRESS			last /ers	
(Y	18 CAUSE		only one cau	ES)		8-86-	1477	Edwa	ard N	1. O.	'Mal	ley	Sa	ıme	A	# 1	3 E INTERVAL T AND DEA
NO	lying c	a) stating the <u>und</u> ause last.		(c)		ISEQUENCE		SE DR CONDITIO	IN GIVEN IN P	ART 1 at.							
TIFICAT		OF OPERATION				WHICH OPE									Bo	AUTOPSY Ody YES	nly
MEDICAL CERTIFICATION	UNDERLYII CONTRIBU	NAL CAUSE WAS NG OR TING CAUSE OF OCCURRED NOT WHILE AT WORK	OF DEATH	b. TIME OF HOUR A.M. MX e. PLACE O STREET, FACTO hO	MONTH X 5-1 OF INJURY DRY, FARM, E		4 Se 21f LC	ow injury elf-in Cation STREET 230 Ha	flict	ed.	CITY OR T	OWN		cc	art 2) DUNTY Ward	đ	state Md
		rtify that I toak ch	arge of the re	emoins desc	ribed abo		BOC Autai	Hami	Y _{Inspection}		Inquir		ond	I in my o	pinion		
2	ACTUAL SIGNATUR	S NAME Deni	us	JS.	ry	4 M	ut.		istar	nt _{MED} Penn	ICAL EXA		1+0	DATE	ED	-25-8	17



TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND 21201 retained by the hospital or attending physician.

1. DEC	EASED NAME FIRST .	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR
	OR PRINT)	o Mary	Roloff	51-	184
3. SEX	F	4 RACE	S. DATE OF BIRTH	6 AGE (IN YEARS LAST BIR	MONTHS DAYS
26 010	TEMALE.	7b. CITIZEN OF WHAT COUNTRY?	11 18 03	77 350	R COUNTY OF DEATH
	OUNTRY) C POLANT	U.S.A.	MARRIED NEVER MARRIED WIDOWED DIVORCED	How	
10 CIT	Y OR TOWN OF DEATH	1. NAME OF HOSPITAL, NURSII	NG HOME OR OTHER INSTITUTION	120 USUAL OCCUPATE	ON 126. KIND O
1/	Columbea	HCGH		(TITE OF WORK TOKINGS)	WORKING THE
13a. S	TATE	Balt	E ADMISSION) 13d. INSIDE CITY LIMITS?	130 STREET ADDRESS	11 40
14. FA1	THER'S NAME		YES NO 1		20007
OFK	ANK	ROLOF!	E VICTORIA	7 MIDDLE	SLATKO
2 160. W	AS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECT		ADDRE	55
	NO	2/8-14-	63719 ELAINE DA	CUMMOND /	2123 MT ALE
	18 CAUSE OF DEATH (Enter on PART I. DEATH WAS CAUSE	nly one couse per line for (o), (b), or D BY:	nd (c).		BETWEEN C
		TE CAUSE (0) Pheum	oncu.		
		DUE TO OR AS A CONSEQU			
	Conditions, if any, which	(b)	cassiii		
	gove rise to immediate	1	- U - U		The second second
	gove rise to immediate cause (a), stating the underlying cause last.	Due to, or as a consequence	is mellitus.		
	couse (o), stating the underlying couse last.	1 Diaset	ENCE OF MCILITIES. DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONI	DITION GIVEN IN PART 110
NOIL	cause (o), stating the underlying couse last. PART 2 OTHER SIGNIFICANT C	(c) Drabets CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM		
FICATION	couse (o), stating the underlying couse last.	(c) Drabets CONDITIONS CONTRIBUTING TO	is mellitus.	20a AUTOPSY?	DITION GIVEN IN PART 110 206. IF YES, WERE FINDIN IN CERTIFYING CAUSES
ERTIFICATION	PART 2 OTHER SIGNIFICANT OF OPERATION	(c) Drabets CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH	DEATH BUT NOT RELATED TO THE TERM	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES
AL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF OPERATION 190. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING A CUSTOMER STORY OF CUSTOMER S	(c) Drabet CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 1196. TIME OF INJURY HOUR A.M. MONTH D	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED AY YEAR 21c. HOW INJURY OCCUR	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES
	PART 2 OTHER SIGNIFICANT OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING.	19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR 21t. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES
MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT OF CONTRIBUTING OR CONTRIBUTING OF CONTRIBUTING OR CONTRIBUTING OR CONTRIBUTING OF CO	(c) Drabe to CONDITIONS CONTRIBUTING TO 196. CONDITION FOR WHICH 196. TIME OF INJURY HOUR A.M. MONTH D.P.M.	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR 21t. LOCATION	20a AUTOPSY?	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YUN ITEM 18, PART I OR PART 2)
MEDICAL	PART 2 OTHER SIGNIFICANT OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING AUGUST OF OPERATION 21d. MOJURY OCCUPANT OF OPERATION OF OPERATION OF OPERATION OR CONTRIBUTING AUGUST OF OPERATION OPERA	19b. CONDITION FOR WHICH 19b. CONDITION FOR WHICH 17b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR 21t. LOCATION	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJUR	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES
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MEDICAL	PART 2 OTHER SIGNIFICANT OF OPERATION 19a. DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING JAN PROPERTY OF THE OF OPERATION WHILE JAN OF THE OF OPERATION WHILE AT WORK 27a.1 certify that (1) (this hospi	196. CONDITION FOR WHICH 196. CONDITION FOR WHICH 197. CONDITION FOR WHICH 198. CONDITION FOR WHICH 199. PLACE OF INJURY 199. (AT HOME STREET, FACTORY, OFFICE, 199.) 199. 199.	DEATH BUT NOT RELATED TO THE TERM I OPERATION WAS PERFORMED AY YEAR 19 21t. HOW INJURY OCCUR 19 FARM. ETC.) 21f. LOCATION STREET DEGREE	200 AUTOPSY? YES NO CITY OF TOU CITY OF TO	TOB. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YES (TOP PART 2) WIN COUNTY TO THE ORD TO
MEDICAL	PART 2 OTHER SIGNIFICANT OF COUNTY O	196. CONDITION FOR WHICH 196. CONDITION FOR WHICH 197. CONDITION FOR WHICH 198. CONDITION FOR WHICH 199. PLACE OF INJURY 199. (AT HOME STREET, FACTORY, OFFICE, 199.) 199. 199.	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION 5/REET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO RED (ENTER NATURE OF INJURE OF INJU	106. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES (100 NOT THE AND THE AN
MEDICAL	PART 2 OTHER SIGNIFICANT OF COUNTY OF THE CO	(c) Deade (c) De	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR 19 21f. LOCATION STREET ATTENDING PHYSICIAN 22e. ADDRESS	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death accurred on the do	106. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES (100 NOT THE AND THE AN
MEDICAL	PART 2 OTHER SIGNIFICANT OF COUNTY OF THE CO	(c) Deade (c) De	DEATH BUT NOT RELATED TO THE TERM H OPERATION WAS PERFORMED AY YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION 5/REET DEGREE ATTENDING PHYSICIAN	200 AUTOPSY? YES NO CITY OR TO: CITY OR TO: death accurred on the do	206. IF YES, WERE FINDIN IN CERTIFYING CAUSES YES YES YES (TO PART 2) WE COUNTY THE OND HOUR OND FROM THE COUNTY 22c. DATE

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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of

retained by the haspital or attending physician

BP. DHMH - 16 50M 1/76 (VR A 15 (4))

1	7	Item 4 per photosomer 1 - STATE REGISTRAR	ne 5/14/84 dad DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 8 4 REG. NO.	9 6 5
dor, page 3 other death		1. DECEASED NAME FIRST (TYPE OR PRINT) 1. SEX	A RAC augasian	SCHUTTE S DATE OF BIRTH MONTH DAY YEAR	20 DATE OF DEATH MONTH DAY 5 9 6 AGE (IN YEARS LAST BIRTHDAY) IF	VEAR 2b. HOUR JAMES 1
No.)33	76. BIRTHPLACE (STATE OR FOREIGN BALTIMORE Md.	76 CITIZEN OF WHAT COUNTRY!	8 MARRIED MEVER MARRIED WIDOWED DIVORCED	HOWARD	MD.
n by the		10 CITY OR TOWN OF DEATH COLUMBIA USUAL RESIDENCE (IF NURSING HOME)	HOWARD COU	NTY GEN. HOSD	120 USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) Housewife	12% KIND OF BUSINESS OR INDUSTRY
completely filled i	You mer Hull	Maryland How FATHER'S NAME Latter Charles	ard Columbia	VN 13d. INSIDE CITY LIMITS?	AME	Farm Rd 21044
on ond con s. Poger 1 c	medicole	160 WAS DECEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, GI	RMED FORCES? 166 SOCIAL SEC 217 36	2625	ADDRESS hutte 5697 C Harpe	
ng physicic bonpopers	c event, the	PART I. DEATH WAS CAUS		ac failure		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
signed by the offending Then please remove carbo	ro burioi, cremonon, njury, or other troumo		DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO		minal disease or condition given	N IN PART I(o)
d E	hows any	Jan Accident was underlying		OPERATION WAS PERFORMED	YES NO YES	
s certificat burial-tran	or Item 18 shows	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMINE 21d. INJURY OCCURRED	EATH HOUR A.M. MONTH	PAY YEAR 19 211, LOCATION	RRED (ENTER NATURE OF INJURY IN ITEM 18, PAR'	
TOR: Aft	21 is marked o	220.1 certify that (1) (this has	(AT HOME, STREET, FACTORY, OFFICE, pital) attended the decepsed from a 19 in	4/21/84 19	city ORTOWN 10 death accurred an the date and haur of	, mor (i) (.c.)
TO FUNERAL DIRECTOR: should be detoched for us	He H	22d PHYSICIAN'S NAME (TYPE Richard W.	Smith M. D	DEGREE ATTENDING PHYSICIAN 220. ADDRESS 599 Columb	MEDICAL STAFF DIRECTOR PHYSICIAN 79 Harpers Fa 10 Md. 2104	22c. DATE SIGNED 4
, s	3 3	23e. BURIAL, CREMATION, REMOVA (SPECIFY) Cremation		NAME OF CEMETERY OR CREMATORY Wesrview Memorial	Catonsville Ba	
6 50M 1 15 (4))		Harry H Witzke	112 Columbia Rd	Ellicott City "M	AY 1 0 1984 Line Day	Hason-Mandall

. DE Ston 10 Lon

line True Reference

Brigland Howard Colorbin - 5897 C. marpers face Rd 21084

217 35 3535 George J Schutte 1697 C Harours Parm Rd.

Crimatilan say 10, 1986 Carvie: Henorica St.

MAN I TAK MIKE Statement by alterested LIFF executive a region

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executed within 24 having after

death certificate be

STATE OF MARYLAND

- STATE REGISTRAR		DEPARTA		FICATE OF DEATH	B 4 REG. N	! 3	9 6) /	
1. DECEASED NAME FIRST		WIDDEE		LAST	20. DATE OF DEATH	MONTH D	DAY YEAR	2b. HOUR	
CLA	ek Clar	k L Simpa	BORS,	Spoon		5- 3	3-84	1150	
3. SEX	4 RACE			OF BIRTH	6. AGE (IN YEARS LAST BIR		IF UNDER I YEAR	HOURS MIN.	
Male	Whit	177	Jun	e 30, 1905 AR	78	YRS		,,,ooks	
70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)		WHAT COUNTRY?	1	DE NEVER MARRIED	BALTIMORE CITY O				
Tenn 10. CITY OR TOWN OF DEATH	U.S.A	HOSPITAL NURSIN	WIDOW	ED DIVORCED DO OTHER INSTITUTION	12g USUAL OCCUPAT			OF BUSINESS OR	
	(IF NOT IN SUC	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK FOR MOST O		E) INDUSTRY		
COlumbia USUAL RESIDENCE (IF NURSING HOME	OR OTHER INSTITUTION	ard Count	TY GE	nezal Hospita	Retired		C	.P.A.	
130 STATE 13b CO		13c CITY OR TOW		138 INSIDE CITY LIMITS?	13e STREET ADDRESS			21043	
Maryland Ho	oward	Ellicot	C1t;	YES NO Q	1 3355 B. N	Chat	ham Rd	21043	
FIRST	MIDDLE	LAST		FIRST	WIDDIE		LA	ST	
Late C.D. Simp		Town constitution		Late Mary	y Largent				
160 WAS DECEASED EVER IN U.S. (YES, NO ORDINKNOWN) (IF YES, C	ARMED FORCES? GIVE WAR OR DATES)	295 07		Mrs Anna Sir	apson 3355 1		hatham	RD 2104	
18 CAUSE OF DEATH (Enter		r line for (a), (b), and	d (c)				APPRO) BETWEEN	MATE INTERVAL ONSET AND DEATH	
PART I. DEATH WAS CAU	ISED BY: IATE CAUSE (0)	Cardi	AC	traesof			Suc	eder,	
Conditions, if any, which	DUE TO, O	My C	ENCE OF	il Infarct	Gau	24 hours			
couse (a), stating the underlying cause last	DUE TO, O	RASACONSEQUE		المحمد		Ytars			
	T CONDITIONS CO	ONTRIBUTING TO D	DEATH BUT	NOT RELATED TO THE TERM	AINAL DISEASE OR CON	DITION GIVE	EN IN PART 1	01	
19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLYING	19b. COND	ITION FOR WHICH	OPERATIO	ON WAS PERFORMED	200 AUTOPSY? 20b. IF YES, WERE FIN IN CERTIFYING CAUS				
	DEATH HOUR A.	DE INJURY .M. MONTH DA .M.	YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE OF INJU	RY IN ITEM 18, PA	ART 1 OR PART 2)		
OR CONTRIBUTING CAUSE OF THE THERE NOTIFY MEDICAL EXAMIN 21d. IN JURY OCCURRED WHILE AT WORK AT WORK	21e. PLACE (AT HOME, STI	OF INJURY REET, FACTORY, OFFICE, F	ARM, ETC.)	21f. LOCATION STREET	CITY OR TO	VN	COUNTY	STATE	
sow the deceased alive above, (I) (we) (did) did	spital) attended the	ne deceased from	21	nd that in (my) (our) apinion	death accurred on the d			that (I) (we) last causes stated	
22b. SIGNATURE	. /	-	_	DEGREE			22c. DATE	SIGNED	
day of	Keen	Sale		ATTENDING PHYSICIAN X	MEDICAL STA		5-	13 87	

BP.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law retained by the haspital ar attending physician.

DHMH - 16 50M 1/76 (VR A 15 (4))

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by should be detached far use as the burial-transit permit. Then please remove carbonpapers. Pages 1 and 2 should be lifer with the State Dept. of Health and Mental Hygiene prior to burial, cremation, ar removal.

injury, ar ather traumatic event, the medical exa

IMPORTANT: If Hem 21 is marked or Item 18 shaws any

230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial May

1984

5,

23c. NAME OF CEMETERY OR CREMATORY

Crestlawn

Co Cemoria

23d. LOCATION

STATE COUNTY

24 FUNERAL DIRECTOR

Harry H Witzke 4112 Columbiand Ellicott City

25a. DATE REC'D. BY REGISTRAR

Howard Maryland

156, REGISTRAR'S SIGNATURE

Julia Davidson-Rondon

	nomenia J	clario	
7.5	Juna 30, 1905	ashiW	dial
Howard Country		.A.Z.U	н.Э.
1 Patirel 1.6.A.	d County Consul Nospita	T.MO.	e i dimetate
3355 E. P. Chathan Rd 21063	R. L. Wysla stabile	a West	lumigral'
Targont v	reli oloj	staneou Staneou	.u. ojst
apson 1955 D M. Chatham AD 2104	295 07 7051 Nes Anno 51		0
15 6 8x		4500	
hankyzek byswoll		Hay S.	LaPusa
A STATE OF THE PARTY OF THE PAR			

executed within 24 hours after

requires that the death certificate be

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retained by the haspital or ottending physicion.

2		1.	FOR STATE REGISTRAR			DEPAR	TMENT OF H	E OF MARYLAND BEALTH AND MENTA ICATE OF DEATH		IENE REG. NO	1 3	7 6) B
ω÷			CEASED NAME OR PRINT)	FIRST		MIDDLE	5	AST AC		20. DATE OF DEATH	NONTH DAY	1984	26. HOUR
page 3	8	3 SE		var	4 RACE	۸.	5. DATE C	OF BIRTH		6 AGE (IN YEARS LAST BIRT	IDAY) IF	JNDER I YEAR	IF UNDER 23 HRS
actor To alt	1		male		W	hite	JAN			72	YRS.	ITHS! DAYS	HOURS MIN.
H	19		RTHPLACE (STATE OR F	ORE IGN		WHAT COUNTR	MARRIE	NEVER MARRIE	D 🗆	9 BALTIMORE CITY OF			
	D C		VEW YORK TY OR TOWN OF DEA	TH				DIVORCE		HOWACO	ON I	12b. KUND OI	F BUSINESS OR
by the	Notified	C	olumbia		10071	Winds		Dr. aot 3	3	ARTIST	WORKING LIFE)	COM	MERCIAL
and campletely filled in by the funders I and 2 should be filed with	must be	130 5	AL RESIDENCE LIF NURS	13b. COUN	TY	GIVE RESIDENCE BEF	ORE ADMISSION)	13d INSIDE CITY LIMI		136 STREET ADDRESS /	ZIP CODE	2104	14 c. Apt 3
tely f 2 sho			THER'S NAME		WIDDLE	LAST	UIU	15 MOTHER'S MAIDE			VEN DIE BE	<u> </u>	1,1010
omple			PHILIP			SPEAR		JENNY				MINSKY	
and c	edical	- (VAS DECEASED EVER	(IF YES, GIVE	WAR OR DATES)	166 SOCIAL SE		17 INFORMANT		S. BEATRICES REAM DR. COL		APT.	3 21 044
physician npapers. P	the a		ES CAUSE OF DEATI	WII-A		<u> </u>		100/1 WIN	DSTF	REAM DR. COL	JUMDIA,		MATE INTERVAL
anpak	event	18. CAUSE OF DEATH (Enter only one couse per line for (0), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) Cardiac Arrest											TAMOSY
ove carba	matic		1539			R AS A CONSEC		•				1.7.	
emove	r fra	Conditions, if ony, which (b) CATEINOMATOS 1S gove rise to immediate cause (a), stating the DUE TO, OR AS A CONSEQUENCE OF									4.24	15.	
by t	r athe	underlying cause last. (c) Adens carcine MA of colon									2-34	115,	
signed hen ple	lury, o	Z	PART 2. OTHER SIGN	IIFICANT C	ONDITIONS CO	ONTRIBUTING T	O DEATH BUT	NOT RELATED TO THE	E TERMI	NAL DISEASE OR COND	ITION GIVEN	IN PART Ito	
	any I	CERTIFICATION	198 DATE OF OPERAT	ION	196 COND	ITION FOR WHI	CH OPERATIO	N WAS PERFORMED		200 AUTOPSY?	20b. IF YES, W	ERE FINDIN	GS USED OF DEATH?
te hos		RTIF	71a. ACCIDENT WAS UND	ENIVE C	1 (21b. TIME O	AE INTITION		21. HOW IN HIRV O	CCURR	YES NO P	YES [NO 🗍
certificate rial-transi	E		OR CONTRIBUTING	AUSE OF DEA	TH HOUR A.	M. MONTH		216.110 W 11430K1 O	CCORK	ED (ENIER NATURE OF INJOK.	Y IN HEM 18 PARI	OKPARI 2)	
this e bu	ed.or Ite	MEDICAL	(IF EITHER, NOTIFY MEDIC 21d IN JURY OCCURE WHILE NOT WH AT WORK	ED	21e PLACE		E, FARM ETC)	21f LOCATION STREET		CITY OR TOW	vN	COUNTY	STATE
se os th	a de la composição de l		220. certify that (I)		al) ottended th	e deceased from	5	-5 19_	84		23 19.	84	that (I) (we) last
DIRECTOR:	21.5		sow the decease above, (I) (we) (a	d plive on a	5 - 23	ofter death.	*		pinion d	leath occurred on the do	te and hour a		
detached	T: If Iten		226 SIGNATURE	rii c	hew.	m.Q		DEGREE ATTEND PHYSIC		MEDICAL STAF		220. DATE S	SIGNED
shauld be deta	MPORTANT	1	22d. PHYSICIAN'S NA	ME (TYPE OF	R PRINT)	0.0	è	22e ADDRESS	B	0 14	0 4	-1 (2 40
shaul	N N N	22- [URIAL, CREMATION,	oen	MANIA 123b. DATE	Minc		EMETERY OR CREMAT		altimore 1	iation	nal P	ike
		7.38 t	SPECIAL CREMATION,	KLMOVAL(5-25			e Hebrew	COM	ROKTE STOWN	n Balt	OUNTY	Maryland
16 50M	4/83	24 F	JNERAL DIRECTOR S		บากรอง			25		REC'D. BY REGISTRAR	Sh REGISTRA	R'S SIGNATI	
A 15, 4		60	10 Reister	stou	in Rd	Batto	., md.	21215	MAY	25 1984	17/100	100010-1	- Income

Maryland

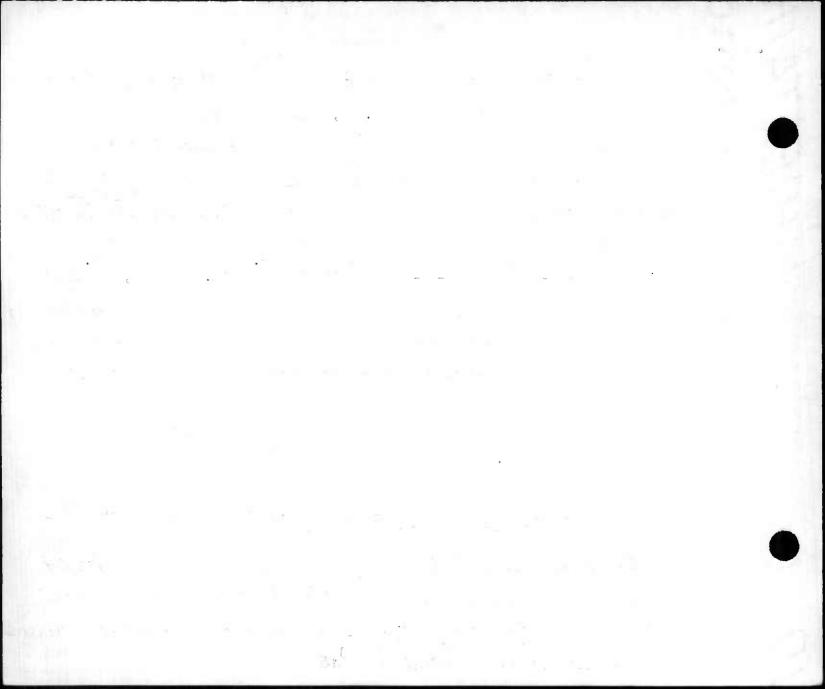
BP. DHMH - 16 50M 4/83

(VRA 15, 4)

230 BURIAL CREMINGS
(SPRIY)

BUCIAL

24 FUNERAL DIRECTOR SO) LEVINSON
NAME
(10010 Reisterstown Rd)

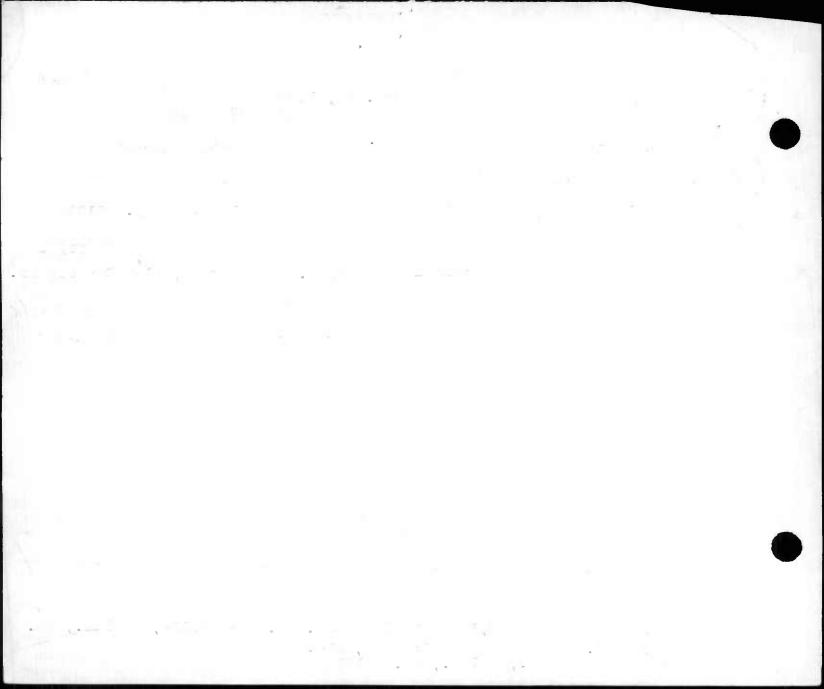


TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physicion and should be detached for use as the burial-transit permit. Then please remove carbon papers. Page: with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal.

DHMH - 16 50M 4/83 (VRA 15, 4)

10	1	FOR		DEPARTA	MENT OF H	EALTH AND	MENTAL HYG	SIENE		9 44	9	1
0	-	STATE REGISTRAR			CERTIF	ICATE OF	DEATH	Ö	REG. NO	5.	5 7	0 7
		CEASED NAME FIRST	M	ODLE	1/	AST		2a DATE	OF DEATH	MONTH D	DAY YEAR	26 HOUR
	(TYPE	Anno	2 Cathe	erine	St	isson			1	lay 1;	8 1984	L IOA M
	3. SE)		4. RACE		5Daff	F BIR218	1897	6 AGE	IN YEARS LAST BIRT		IF UNDER 1 YEAR	
	7	temale	white		MINON	XQ.	XXXX	87	X	YRS.	AONTHS DAYS	HOURS MIN.
11		RTHPLACE (STATE OR FOREIGN	76. CITIZEN OF W		8	□ NEVED	MARRIED	9 BALTI	MORE CITY O		OF DEATH	
24		ebraska	L1. S.	· A-	WIDOWE	8 4	NORCED	Ho	Ward	Coum	ty	MD.
01	10. CI	TY OR TOWN OF DEATH		OSPITAL, NURSIN		R OTHER INS	TITUTION		AL OCCUPATE			OF BUSINESS OR
1	Co	lumbia, Mdu	Howard	County	-	mal Ho	5P.		emake			Home
51	USUA	AL RESIDENCE (IF NURSING HOME OR STATE 138 COUN	OTHER INSTITUTION C	INE RESIDENCE BEFORE	ADMISSION)		CITY LIMITS?	LIZA STREET	T ADDRESS /	7ID CODE		
0	Ma	aryland /		Baltim		YES 💢	NO 🗌	291	7 His			234
	14. FA	THER'S NAME FIRST	MIDDLE	LAST		15. MOTHER	'S MAIDEN NA	WE	WIDDIE		1.	AST .
		Fred		Dybbro		The	ora					lien
4		VAS DECEASED EVER IN U.S. AR		166. SOCIAL SECU		17 INFORM			COTABOR			21043
1		(IF YES, GIV		213-34-	0396	Carl	D. Va	n Ne	wkirk,	, 410	2 Dee	Jay Dr
7		18 CAUSE OF DEATH (Enter on	ly one couse per l	ine for (a), (b), and	dichi		- /				APPRO BETWEEN	NIMATE INTERVAL
,		PART I. DEATH WAS CAUSEIMMEDIAT	D BY: 'E CAUSE (o)	Card	jac	Arre	est_				2	> minut
		4100	DUE TO, OR	AS A CONSEQUE	NCE OF A	4.4	1 1	7 1	1 /1		10	1.
		Conditions, if ony, which	(b)	AS A CONSEQUE	(1)	Tyo ca-	Mal	InTr	aretro	n	18	hours
<u> </u>		gove rise to immediate couse (a), stating the)	AS A CONSEQUE				V				
5		underlying couse lost.	(c)						_			
	_	PART 2 OTHER SIGNIFICANT C	CONDITIONS CO	ntributing to E	DEATH BUT	NOT RELATE	D TO THE TERM	IN AL DISE	ase or cont	DITION GIVE	EN IN PART I	10
	ATION											
11	0	190 DATE OF OPERATION	196 CONDIT	ION FOR WHICH	OPERATION	N WAS PERF	DRMED	20a Al	JTOPSY?		, WERE FIND YING CAUSE	INGS USED S OF DEATH?
Z	ERTIFI					Tat	:	YES			5	№ 🗌
a	0	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA	110110 4 11	INJURY I. MONTH DA	AY YEAR	21c HOW II	NJURY OCCURE	RED (ENTER	NATURE OF INJUR	Y IN ITEM 18 PA	ART I OR PART 2)	
1	EDICAL	(IF EITHER NOTIFY MEDICAL EXAMINER) P.M		19							
	MED	21d INJURY OCCURRED	21e. PLACE O (AT HOME STREE	F INJURY ET, FACTORY, OFFICE F	ARM ETC)	211 LOCAT	ON		(ITY OR TO	WN	COUNTY	STATE
2		AT WORK AT WORK							10.4 16-			
2		22a I certify that this hospi	tol) ottended the	deceased from	may	18	. 19 8 4	- to [100/18	1	1984	, tho (we) lost
4		sow the deceased alive on above (1) we) (did) (did no	t) view the body o	tter death.			(our) opinion i	death accu	rred an the do	te and hour		
		22b. SIGNATURE		10-		DEGREE	ATTENDING .	MEDIC	AL STAF	F	22c DAT	E SIGNED
		Chong	Moon	Kan			PHYSICIAN [DIRECTO	OR PHYSIC		15-1	8-1787
- Car		Chong Cho	L/			1079	& Hick	Karr	Ridg	o RA	Colum	bia. Md "
+	23a R	SURIAL, CREMATION, REMOVAL	4-6-1-6-	1 23/ N	IAME OF C	EMETERY OF	CREMATORY		CATION	4 .061	- 110	2044
,		Burial		1984 Mo					rkvil.	le,	Balto	Md.
		BERTCE. ALTE								25L/REGISTE	MAR'S SIGNA	TURE
33	60	009 Harford R	Rd. Ba	lto. M	d.	21214	A. MA	11 23	1984	1 whank	ravidson	-Mandall
			/		/							

· STATE OF MARYLAND



within 24 hours ofte

requires that the death certificate be executed

TO HOSPITAL OR ATTENDING PHYSICIAN: The low retoined by the hospital or attending physician.

TO FUNERAL DIRECTOR. After this certificate has been signed by the attending physican and should be detached for use as the buriol-transit permit. Then please remove corbon papers. Page with the State Dept. of Health and Mental Hygiene prior to burial, cremation, or removal

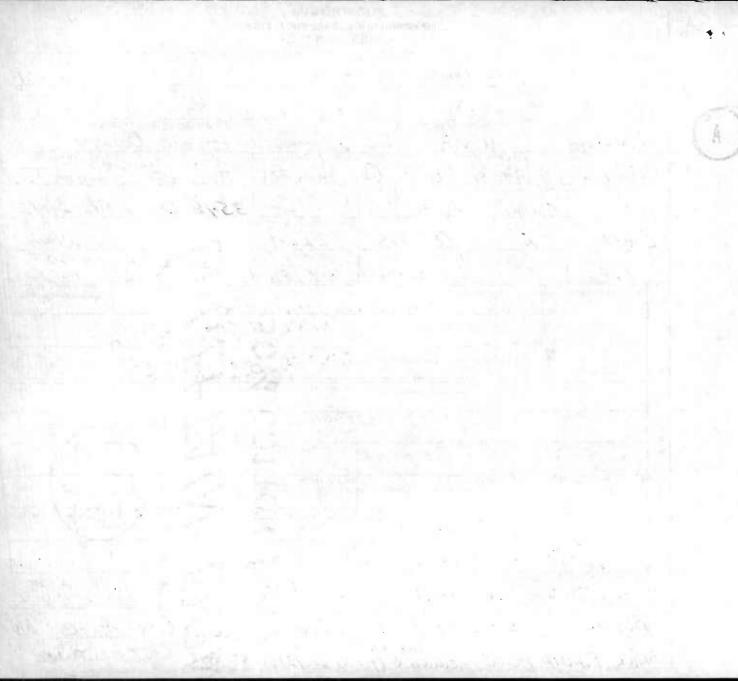
injury, or ather traumatic event, the

IMPORTANT: If Item 21 is morked or Item 18 shows-apy

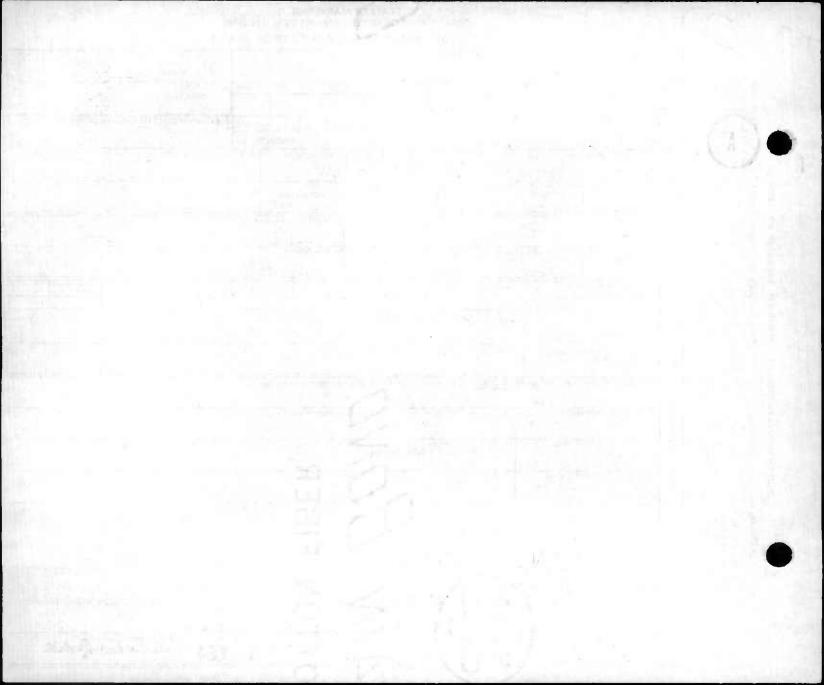
STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

	1-	STATE REGISTRAR		CE	RTIFICATE OF D		8 4 REG. 1	10. 3	9 7	7 0
		OR PRINT) Herm	ione De	nnis	Taylor	2	S -/ 0	MONTH DA	Y YEAR	26 HOUR 2 25 F
	3 SEX	emale	4 RACE Whit		ATE OF BIRTH MONTH DAY 9 - 14 -	9 8 6	AGE (IN YEARS LAST BE		DNTHS DAYS	IF UNDER 24 HRS HOURS MIN.
1	Ta. BIF	RTHPLACE ISTATE OR FOREIGN	76 CITIZEN OF WHA	A M	ARRIED NEVER A	9	HOWAR		OF DEATH	M
1	10 CI	slumbia	F NOT IN SUCH FAC	HTTY, GIVE STREET ADDRES	Gen Ho		20. USUAL OCCUPA' TYPE OF YORK FOR MOST	OF WORKING LIFE)		mestic
2	130 S	AL RESIDENCE (IF NURSING HOME OR	OTHER INSTITUTION, GIVE TYPED 130	CITY OR TOWN CH	YES [NO.		Thurch	Kd.	210/3
	1	SUMPL) A	wibate	DENNIS	E	MAIDEN NAME	WIDDLE		WA	216-47
		(AS DECEASED EVER IN U.S. AR ES, NO OPTINIONN) (IF YES, GIVE	MED FORCES? 166 WAR OR DATES) 2/	SOCIAL SECURITY I 16 - 46 - 46	SY FRANK	TAYLOR	354 ELLICO	Z CHUI	RCH ITY 1	MO Zizy
ATION	CERTIFICATION	Canditions, if ony, which gove rise to immediate cause (a), storing the underlying couse tost. PART 2. OTHER SIGNIFICANT CO. 19a. DATE OF OPERATION	DUE TO, OR AS DUE TO, OR AS DUE TO, OR AS (c)	77	of DRA		AL DISEASE OR COM	20h IF YES	N IN PART 1(c) WERE FINDING CAUSES	JGS LISED
1	MEDICAL CERTIF	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF ETHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK AT WORK	P,M. 21e. PLACE OF IN	MONTH DAY Y	211. LOCATIO		YES NO CENTER NATURE OF INJ	YES URY IN ITEM 18, PAR		NO _
		22a. I certify that (I) (this hospii saw the deceosed alive on obove, (I) (we) (did) (did not 22b. SIGNATURE	view the bady ofter	10 1984	DEGREE	TTENDING PHYSICIAN	medical STA	AFF	/	
	23a Bl	URIAL, CREMATION, REMOVAL	23b. DATE 5-/5-8	34 ST.	OF CEMETERY OR C	REMATORY	23d. LOCATION CITY OR TOWN	Cirv "	How the	D STATE M
	24. FU	HERAL DIRECTOR	Homes a	ADDRESOX 2	-63 TY MD 210	25a. DATE R	1	ish REGISTRA	AR'S SIGNATI	ure ndelle



20M 4/82



I. DECEASED NAME MIDDLE 2n DATE OF DEATH TYPE OR PRINT May 03, 1984 MARION ANN YANKS & AGE (IN YEARS LAST BIRTHDAY) 3. SEX 4 RACE 5 DATE OF BIRTH MONTH DAY FEMALE DECEMBER 15,1925 WHITE 58 Te. BIRTHPLACE (STATE OR FOREIGN 76 CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** MARRIED | NEVER MARRIED COUNTRY MARYLAND DIVORCED TX WIDOWED Howard 18 CITY OR TOWN OF DEATH 12e USUAL OCCUPATION 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY ELKR IDGE HAIRDRESSER USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION 13a STATE 136 COUNTY 13e STREET ADDRESS pe 13c CITY OR TOWN 13d. INSIDE CITY LIMITS? fille MARYLAND HOWARD ELKRIDGE 6620 WASHINGTON BLVD NO T YES [4 FATHER'S NAME 15 MOTHER'S MAIDEN NAME LAST FIRST MIDDLE 2 e JOHN SCHRENK SCHOEFFIELD Me WAS DECEASED EVER IN U.S. ARMED FORCES? 16h SOCIAL SECURITY NO 17 INFORMANT (YES, NO OR UNKNOWN) the NO MRS. BONNIE Y. RAINDROP 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10 AR A CONSEQUENCE OF Conditions, if ony, which other gove rise to immediate couse tot, stoting the DUE TO, OR AS A CONSEQUENCE OF ö underlying couse lost PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART TO CERTIFICATION prior 19a DATE OF OPERATION 20a AUTOPSY 19h CONDITION FOR WHICH OPERATION WAS PERFORMED Hygiene transit per YES [NO W DIVISION OF VITAL 21a ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2) he burial-tran HOUR A.M. MONTH YEAR DAY OR CONTRIBUTING CAUSE OF DEATH P-M 10 (IF EITHER, NOTIFY MEDICAL EXAMINER) TH LOCATION 21d INJURY OCCURRED 21s PLACE OF INJURY marked CITY OR TOWN 5,74667 AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) NOT WHILE AT WORK AT WORK 5 77s.1 certify that (I) (this hospital) attended the deceased ! (our) opinion death occurred on the date and hour and from the causes stated 276 SIGNATURE DEGREE MEDICAL STAFF ATTENDING MPORTANT: State DIRECTOR PHYSICIAN PHYSICIAN 22d, PHYSICIAIA'S NAME (TYPE OF PRINT) 77e ADDRESS should be with the S TERFIELL

FOR

REGISTRAR

- STATE

DHMH-16 25M

(VRA 15, 4) 1/79

23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d. LOCATION CITY OR TOWN (SPECIFY) May 04,1984 CREMATION CREMATORY 24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256 REGISTRAR'S SIGNATURE ADDRESS AMBROSE FUNERAL HOME 1328 SULPHUR SPRING RD

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

2h HOUR

HOUR5

12h, KIND OF BUSINESS OR

REAUTY SHOP

LAST

APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH

NO I

STATE

STATE

MARYT AND

6620 WASHINGTON

20h IF YES, WERE FINDINGS USED

COUNTY

COUNTY

ia Daydon

22c DATE SIGNED

YES T

IN CERTIFYING CAUSES OF DEATH?

IF UNDER 24 HRS

IF UNDER I YEAR

MONTHS DAYS

YRS

